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JOHN M. SCUDDER, M.D.

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EDITED BY

JOHN M. SCUDDER, M. D.

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE AND PATHOLOGY
IN THE ECLECTIC MEDICAL INSTITUTE.

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ORIGINAL COMMUNICATIONS.

Art. I.—Sensibility, Intelligence, Instinct, and Mind.† By
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Vegetable structures are known to be destitute of nerves, yet certain well known plants exhibit sensitiveness or irritability. The delicate *Mimosa* displays an impressibility to touch which is quite remarkable. If one of its leaves be rudely handled its associates close around the sufferer as if moved by sympathy; and the leaves of the entire plant fold about the branches and stock as if they felt the rude shock.

The Fly-trap of *Venus* possesses bivalved leaves which join at their bases with a hinge, and have their edges set with prickles. Within the trap a sweet juice is exuded. This attracts flies and other honey-loving insects. In the deeper recesses of the snare are three sensitive bristles which, when touched by any part of an unwary intruder, excite the jaw-like leaves, and cause them to entrap whatever victim may be within the closing folds. And any effort to escape on the part of the prey is attended by a still firmer grip on the part of the plant. After the struggles of captives are over the innocent leaves open again and wait for another opportunity to manifest their merciless powers.

The Pitcher-plant is endowed with similar purposes and activities. One variety raises its head like a cobra, and spreads a hood over the similitude of jaws. Directly beneath are red wattles that attract flies, and above in a gaping cavity, like the fauces of a serpent, is the nectar which allures insects, and the slightest touch of the irritable semblance of a throat provokes a twist in the neck of the pitcher and thereby closes every avenue of escape, except into a fatal maw below. The curious imitation of a snake in form and cunning, as displayed in a beautiful plant, staggers our powers of apprehension; and challenges the ingenious evolutionist to make the plan or purpose intelligible. It would seem as if the vegetable world was playing fantastic pranks with the forces that gov-

† Read by title before the Cincinnati Society of Natural History, Dec. 2, 1879.

ern the animal kingdom : or that vegetable snakes foreshadowed the coming of deadly carnal creatures.

Orchids or air plants, in tropical climates, present for consideration some features that indicate both the desire and the ability to imitate or mimic animal peculiarities. A terrestrial orchid, of Panama, at its top has a whorl of white flowers which take the shape of a dove so completely, that the superstitious see in it an embodiment of the Sacred Spirit. In the island of Trinidad is to be encountered an ærial orchid whose flower closely resembles a butter-fly on the wing ; and as it floats lazily upon the breeze, the wariest observer may be deceived by the skill displayed in the simulation or mimicry. Other orchids imitate the forms of the bee, the spider, and creatures whose outlines may be shadowed upon the unfolding plants. If the imitations be accidental, chance can be cunningly fanciful ; and reason may be confounded by the phantasies of the fortuitous. The oddities of shape assumed by fantastic orchids warrant a dreamy belief in all the fairy tales ever told.

The sea is not outdone by the land in the exhibition of the lower order of intelligences, as manifested in the production of fanciful forms. The corallines present a strange combination of the mineral, vegetable and animal kingdoms, being petrous in the composition of their tree-like stalks and branches, and decidedly animal in their soft tissues.

A true coral bud is the shell, case, or house of a real polyp, and is developed with the growth and activities of the animal, just as the carapace becomes part of a tortoise, only the tiny radiate elaborates its habitation from marine salts : and to do this it must possess central or axial neurine, with volition or *personality* that is akin to consciousness. A plant or tree has no such neural center, yet a sponge which is plant-like in form and development possesses animal matter of a colloid character in its tubules, with no visible signs of a neural admixture. However, there is reason to suppose that the gelatinous flesh of a spongiole is not absolutely nerveless. In fact it is difficult to conceive of living flesh without presuming the presence of nerve influence. In star fishes as well as in all radiates and insects there exists a series of neural knots that act as batteries for the generation or production of nerve forces. In regard to a clam, oyster or other mollusk, it could not be said that a head exists, yet where the neural knots are placed near together, generally in pairs, there is the cephalic centre or the seat of volition or 'personality' already alluded to. From that leading and controlling centre nervous impulses go out, and to it impressions flow for recognition. For all practical purposes it is a brain. Without that ideal 'head' or centre of neural activity there can be no complete and independent personality,—no volition or purpose in the display of action. With this ganglionic centre of nerve force the slug or snail can exist within its environments or surroundings as logically and effectually as an elephant or an ox. The neural knots consist chiefly of fat and phosphorus in the form of oleo-phosphoric acid ; and the oxydation of the phosphorus is the chemical action that evolves nervous energy or nerve force. The neural apparatus is simple in a jelly-fish, yet it is impressible, purposive, and executive. As the creature spreads itself out into a thin net and sends out arms to ensnare prey, a

plan is displayed; and when the colloid mass of living matter closes in upon or envelopes a victim to be used for food, a purpose is executed; and the entire procedure is carried out by the action of a nervous system of the simplest kind conceivable. A certain degree of intelligence is manifested in the creature's operations: and a kindred intelligence, in varying degrees of intensity, takes care of life as well as it can, in all grades or conditions of animality. In the lowest appreciable form there is collected into a knot a mass of phosphorized fat which is vitalized; and this, through the medium of oxygen constantly supplied, becomes a battery for the evolution of nerve power. Placed in the soft body of a snail it generates intelligence enough to enable the creature to crawl forth in favorable weather to gather food, and to withdraw within its shell when danger threatens. If that intelligence be not mind it answers the purposes of one in the execution of the few desires of an exceedingly humble creature.

In ascending the scale of living beings a class of animals is encountered having segmented bodies, or several parts chained together in rings, as spiders, wasps, ants, and butterflies. All these have a collection of neural knots about the mouth and throat, and a neural cord extending along the ventral aspect of the body; and arranged on this cord at each segment of the trunk is a pair of nerves to preside over the movements of the wings, legs, feelers, or ovipositors. The knots or ganglia located about the head and neck constitute the knowing part of the animal. In these knots of neural matter are developed degrees of intelligence that, in some features, rival the wisdom of man. It is flippantly declared that these articulate creatures are governed by instinct, and that they have no mind that is improved by experience, or is educable, but every trained observer has found that instinctive knowledge, so called, is sharpened by experience, and often improved by the vicissitudes of fortune. The intelligent principle resident in a set of somewhat scattered neural ganglia may not be as teachable and comprehensive as that developed in a more compact nerve-mass, as the encephalon or brain of the higher animals, yet it is both tractable and improvable. The spider has no brain, yet the creature thinks, makes snares to net prey, lies in ambush, repairs broken gins, changes hunting places when game becomes scarce, or anything has seriously interfered with trapping operations in an old haunt.

A single neural knot or a pair of ganglia, with nervules extending to and from this centre of action, constitutes the simplest demonstrable apparatus for generating intelligence; and four or five pairs of ganglia in a group about the head, make a very strong battery of neural activity. As a rule invertebrate animals are small, yet the octopus, or cuttle fish, is sometimes monstrous in size, and generally very intelligent. The centipede has more pairs of ganglia than any winged articulate, yet no more neural knots about the cephalic extremity of the body, or the region in which intelligence is developed or evolved. A pair of ganglia seem to be necessary to work each pair of legs, therefore in a creature like the centipede the ganglia must be numerous. So far as general intelligence is concerned the centipede ranks low. The nerve forces of the creature are chiefly devoted to locomotion, and not to the origination and execution of purposes.

A peculiarity of articulates which have three states of existence, is that in the worm or larva state there are present more pairs of ganglia than can be found in the pupa or chrysalis state, and there are still less pairs in the imago or winged state. While undergoing the various transformations the neural ganglia become aggregated in the head and thorax, while those in the caudal region disappear or become insignificant in size and function. The metamorphosis from the voracious worm to a mysterious pupa, and then to a beautiful butterfly either not feeding at all or confining its capricious diet to the most delicate nectars, constitutes the most wonderful of phenomena, especially when it is considered that the volition, 'personality,' and selfish purposes undergo such radical changes.

It is said of instinct that its knowledge or intelligence extends only to restricted limits,—that it admits of a certain range which is measured and bounded. Well, let this be granted; then endeavor to find out whether animals that possess brains and quite high grades of mental capacities, have given to them unlimited scope for the exercise of their ambitious desires. The white bear and musk ox stick to the arctic regions, and a thousand varieties of animals can never leave the tropics. Man is the most flexible of creatures, so far as the vicissitudes of climate are concerned, yet he has struggled in vain to reach the poles.

The lowest real brains appear in fishes; and they consist of four or five pairs of well defined masses of neural matter crowded into a bony skull. Reaching from the most posterior of these ganglia there extends along the back and towards the tail a dorsal cord running in a canal enclosed by the vertebral chain of bones. The skull ganglia constitute the encephalon or brain, and some of them are capable of a very high range of development. The cerebral ganglia of man attain a weight of several pounds. Between the lowest encephalon and the highest there is more difference than between the diminutive brains of a tiny fish and the largest ganglia of a water-beetle in the same pool. The beetle is brainless, to be sure, but quite intelligent: the stupid little fish can boast of possessing brains, yet of less mental capacity than many insects. It is a fact, too, that fishes and reptiles are not capable of being far advanced by experience and education. The shark family possesses comparatively large brains, and considerable intelligence.

Hæckel, in his *Evolution of Man*, page 251, says: "The vertebrates have no connection with the great group of articulated animals (arthropoda); but to the latter belong not only the crabs, but also the spiders and insects, which last form a single class, comprising probably as many, if not more, distinct species than all the other classes of animals together. Unfortunately we lose by this the relationship which might otherwise connect us with termites, ants, bees, and other virtuous members of the articulate class. Among these insects are many well known patterns of virtue which the fable writers of old classic times held up as examples for men. In the civil and social arrangements of the ants, especially, we meet with highly developed institutions which we may even yet regard as instructive examples. But unfortunately these highly civilized animals are not related to us."

The above quotation, when considered in connection with the rest of the book, seems like mockery. Hæckel regretting that we have no relationship with the ant and the bee, and other animals enjoying advanced systems of government, is in a certain sense suggestively racy.

Several well known beetles will mimic death as artfully as an opossum; and certain butterflies will assume the form and general appearance of leaves and sticks to escape the covetous eyes of birds and other enemies. Mimicry for deceptive purposes seems to be inherited in part, though the trick is improved upon by experience. The well known little striped squirrel, the first time it happens to be pounced upon by a cat, will feign death so completely as to deceive the captor, and thus obtain an opportunity to escape with a few harmless bites or scratches. Certain birds of the thrush and sparrow families, will, when driven from their nests, feign to be hurt, and lamely hobble away, as if to provoke pursuit; and the artful creature will fly out of sight as soon as the pursuer is well away from the nest. In birds the cerebral masses gradually rise from the similitude of reptilian brains in the ostrich, to the comparatively advanced cerebral lobes or hemispheres of parrots, finches, and canaries: and the cerebral surfaces exhibit well marked convolutions. The turkey possesses small cerebral hemispheres, and a thin covering of gray neurine, almost without convolutions, and the bird in picking up corn spread as a decoy, has not, after stooping to pass under a gate, sense enough to escape from the trap by the way of entrance, which is still left open.

Geese are endowed with a low order of cerebral matter and cephalic ganglia, yet the stupid creatures in a wild state, have intelligence enough to fly north upon the approach of the breeding season, in order that they may have a safe and healthy place to rear their young. They have learned by experience that there is no security for them in rivers, bayous, and lagoons infested with alligators, huge gars, and other voracious enemies.

In the comparison of degrees of intelligence, and the quantity and quality of neural matter, it is interesting to observe that all animals in geological periods prior to the *Tertiary* were endowed with a scanty amount of brain; but at the commencement of the Eocene, when mammals made their first appearance, there occurred rapid and marked progress in the development of the cerebral hemispheres. It would seem as if a striking improvement in brain-making was introduced somewhat abruptly, and that the progressive tendency was kept up until the cerebral evolution culminated in the elaboration of man's elevated brain.

A purposive action originates in brain or neural knots that generate intelligence. In some of the lower vertebrates the spinal cord acts as a generator and distributing center of nerve force. However, the movements produced by irritating the spinal nerves of decapitated Saurians, are not directed by intelligence: they result from the arousing of a headless battery of nerve matter that is still working under the stimulus of waning vitality. The battery is part of a vital machine that once possessed a directing brain, yet is now only an excito-motory center that executes function when provoked, and in directions habit has established. Thus the trunk and tail of a decapitated menopome will strike towards the part pinched or worried as if to bite or hit the cause of the irrita-

tion. The headless body, if turned upon its back, will make an effort to regain its feet; and if the attempt be successful, the trunk will remain still and at rest, there being no struggle to run away. The effort to regain the feet is not that of purpose, but one of habit. A headless creature can have no desire or plan. The trunk of a recently decapitated lizard will poise itself upon the feet, and even take steps forward, yet no intelligence is manifested by such movements. If a toe be pinched, the stump of a neck will strike at the pestering object, as if it were executing an intelligent purpose, yet the movements are excito-motory, or automatic. There can be no will or wish in the matter. Even this excito-motory activity ceases in the course of a few hours, or as soon as the nerve-battery in the spinal centers is dead or unimpressible. The heart of a menobranchus will beat for hours after the organ is removed from the body, the muscular contractility being kept up by neural ganglia in the cardiac tissue. The throes or throbs are as rhythmic as if the heart were in the living creature. The action is excito-motory, and will continue as long as the nerve-battery in the organ be vitalized.

In speaking of the physical properties and products of the brain, I once made use of the following language, which I will repeat on this occasion:—

‘In his physiology, at the commencement of the second section, Dalton says: “In entering upon the study of the nervous system, we commence the examination of an entirely different order of phenomena from those which thus far have engaged our attention. Hitherto we have studied physical and chemical actions taking place in the body and constituting the process of nutrition. We have seen how the lungs absorb and exhale different gases; how the stomach dissolves the food introduced into it; and how the tissues produce and destroy different substances by virtue of the varied transformations which take place in the interior. In all these instances we have found each organ and each tissue possessing certain properties and performing certain functions of a *physical or chemical nature* (italics mine) which belong exclusively to it, and are characteristic of its action. The functions of the nervous system, however, are neither physical nor chemical in their nature.”

How Professor Dalton could have considerately written the above is more than I can comprehend. He must know that brain and blood are the physical agencies in mind-making, and that the function is chemico-vital. The contact of the portal blood and the ultimate granules of the liver are not less physical, nor the elaboration of bile more chemical. The evolution of mental essence is thoroughly organic,—mind is an organic product, chemico-vital in origin. Mind springs from living brains, and ceases to manifest itself as soon as the cerebrum is dead; it becomes suspended in its activities as soon as a blow upon the head arrests circulation in the brain, or stuns cell-action in the cerebral substance. Bleed a man till the brain suffers through lack of blood—till syncope comes on—till the brain evolves mind feebly, or withholds its function altogether, and we can see the agency of blood in mind-making. Cut off all blood from the cerebral mass, and no mind will be elaborated.

When zinc and copper plates are properly arranged in a galvanic bat-

tery, and dilute sulphuric acid is poured upon the laminated metals, a force or energy—an *entity*—is generated, though its presence and activity may not be rendered appreciable to the senses until the agency be conducted on a wire, or otherwise exhibited or displayed. Although the galvanic product be not visible as is bile, it is nevertheless a chemically elaborated something that can be made manifest through proper media. The product of the brain, spinal cord, and other nerve centers, displays itself on the nerves of animal bodies; magnetism, galvanism, and electricity, move best on metallic media.

Living venous blood bathes the ultimate bodies of the hepatic organ, and an inspissated fluid, called bile, is elaborated and set aside (secreted). The chemical action of the two bodies (liver and blood), under the influence of vitality, sets the bile-making battery in action, and hepatic fluid is produced! Dead blood poured upon defunct liver would not produce bile,—a vital influence must be present. So with sanguineous currents and the cerebral mass: brain washed in devitalized blood will not develop mind or intellectual force; the action is chemico-vital, yet none the less a physical activity.

The brain is an organ, as is the liver. The one elaborates or evolves mind, and the other bile. The products are quite different, yet they are both results of chemico-vital action. The bile is a liquid as dense as treacle, while the nervous fluid is as subtle as electricity; but is it less a reality because of its subtlety? And can all kinds of wonderful and unreasonable powers be ascribed to it because it happens to be subtle?

What becomes of a galvanic battery when it is burnt out, used up, or exhausted? and why is its activity limited? The acid in the bath loses its corroding (vivifying) activity, and the zinc plate becomes so far tarnished (oxidized) that the feeble erosive will not decompose it; it began to act with a feeble energy, then grew into raging activity, and finally grew weak and died. If there had been a *renewal* of materials the battery would have kept going; if it could eat and digest, it might go on till eating and digestion were impossible. But what became of the magnetism evolved or elaborated? We are told that heat, light, and electricity are correlative states or interchangeable conditions; probably the whole story has not been related, yet we are led to understand that the generated magnetism is not absolutely lost—it is diffused in the universe where nothing is lost.

A child is born with an undeveloped brain that elaborates very little mind; the cerebral mass is almost without convolutions, and the gray matter—nerve-cells—unfit to unfold even dreams. If death occur in early infancy, the child never consciously thinks—it has never been conscious of existence. In time, with vigorous health, the brain-cells develop, and the cerebral mass grows rich in phosphorus; to this is pumped every second plenty of blood charged with oxygen—the nerve battery is in bounding activity, yet grows stronger and stronger until impairment of materials supervenes. The battery is active in sleep and while awake. In somnolence it generates incongruous dreams; in waking hours we exercise a *will*, or regulating power, which we have obtained by cultivation. At night we lose control of the flow of ideas, and the mind is generated

in a random manner. The battery is in order and running, but the regulator is wanting.

In old age the nerve battery or mind producing organ loses its wonted activities—the cerebral mass lacks phosphorus, and the blood is less rich in oxygen. Besides, the thickness of the walls of the capillaries, and the density of the parieties of the nerve-cells, are reasonably presumed to favor inactivity.

A thrombus forms and enlarges in one of the great cerebral arteries, so that one part of the brain gets very little blood; a condition of softening sets in, and extends, for its nature is progressive. The victim loses memory, sympathies, and affections; and imbecility and deranged mental activities exhibit themselves. Mental soundness is questioned; and the veil of charity is stretched over the wreck. Did the feeble infant mind grow into the playfulness of youth, the resoluteness of adult life, and then decline to a state of imbecility? It most certainly did, and obeyed organic law all the while. That infant mind was born in connection with an infant brain—the battery was weak; it grew in scope as the brain developed into an active mind-producing organ; and it at length grew weak again, because it was associated with an old and worn-out cerebral mass. What became of all the mind developed or evolved during a period of three score years and ten? Was it lost? No, not lost. Nothing in the universe is absolutely lost.

If the brain be stunned by a blow, the nerve-cells are so disturbed that no mind is evolved,—the injured person is unconscious, and he is dreamless. His mind-elaborating battery has suspended operations. At length the disturbance of function is removed; then mind-making is resumed. The chemico-vital machine gets into full operation again. The suspension was temporary, yet it may have been permanent, as in death.' This leads to a consideration of what constitutes the soul as distinct from the mind. "Elohim breathed into his nostrils the breath of life, and he became a living soul" means no more nor less than thus man became a living being, soul signifying life, and not an entity distinct from the vital essence of man's individuality.

As long as mind and soul are regarded as distinct entities, the one operating independently of the other, there must be a confusion of ideas upon a topic that otherwise might be comparatively clear. If soul consists of mind and intelligence, and of nothing else, then the dog and the horse have souls. If only man in the animal kingdom has a soul, then *psyche* embraces something besides wisdom. But I presume the majority of unbiased thinkers regard mind, soul, and 'spirit' as one and the same.

The infant mind, so far as it manifests itself, may, while developing, exhibit certain peculiarities derived from both parents, and certain others traceable to more or less remote ancestors. The mixed mental inheritance is not more mysterious than the physical combination which exhibits ancestral peculiarities of a multiple character: yet the complex influence that stamps personality upon every recurring individual is a product of general heredity and not the result of mental growth in the person. In other words, through the complexities of descent a psychical power runs which is not wholly mental in origin, though influenced from

generation to generation by intellectual activities. A child is not mentally just like its father nor its mother, nor like any of its ancestors, but it possesses a new combination of psychical powers which simply resemble those that have gone before. Each child comes into existence with a novel admixture of psychical peculiarities—it comes with a soul inheriting the features of all its ancestors commingled. In the new being are renewed all the characteristics of antecedent races of mankind; and new combinations will live forever, or as long as the human race lasts. A man need not ask whether he shall live again, for a psychical continuance, through natural descent, is unavoidable.

The ruler who designed the Pyramids and entered upon their construction, exerted an influence upon mankind that will be ever felt; the philosophers of Greece have left as lasting monuments, though in psychical impressions; the creations of Shakspeare and Goethe will endure as long as the statues of Phidias; and every deed worthy of admiration will exert an influence upon generations yet unborn.

Art. II.—Rheumatism. By T. B. BARTLETT, M. D., West Va.

I noticed an article in the April number of the *Journal*, 1878, entitled, "Cases in Practice, by S. D. Shepard, M. D." It appears from the statements of our author, that the patient was attacked with rheumatism of the skin and superficial fascia, as these are the "external structures." "It soon involved the hip, knee, and ankle joints. The muscular parts at point of attack soon swelled up, but not intensely, appetite moderate, tongue but little coated, febrile excitement neither high nor active, skin not reddened." On the whole a very moderate attack.

He first tried salicylic acid, and in two days, finding his patient worse, he says, "Having read of sodium salicylate in rheumatism, I thought that if the acid treatment" (I never knew before that salicylic acid was considered the *acid treatment*) "that I had put my patient under, did not do well, I would give it a trial." So the patient was put "under" the sodium salicylate, and "fluid extract of Cimic.," and recovered in eight days from the first visit. Good success. He winds up by saying, "I have no long-winded remarks to make, nor far-drawn theories to give, but simply say the above are the facts of the case, and give it as such, so that if any of the readers meet with a like case, let them try it, and report their success. I will say, however, that the sodium salicylate, either with or without the cimic., in cases with the same conditions and symptoms, will act as a *specific* in a majority of such cases, if not in all of them."

Now it appears that, although the writer had only used the sodium salicylate in this one case, yet he says it will act as a specific in such cases. I never heard before that a medicine could be declared a specific to meet and remove a "diseased condition," much less a disease, without first proving it in a number of cases and using it alone. But in this case it was given in alternation with the cimic., which may have been the curative agent, if the case, as it was not a very bad one, did not recover by the "*vis medicatrix naturæ*." If the conclusion in reference to this medicine as a specific be correct, he has arrived at it by some process of

reasoning that I did not know to be in the reach of human sagacity. And as it may not be a "*far* drawn theory," it must be a *near* drawn theory, which arrives at such a conclusion from such a limited experience. In fact it does seem to me that it originated in his imagination.

Although my experience in the use of salicylate of sodium is limited, yet it extends to more than one case; but I should be very far from saying that it would act as a specific in any considerable number of cases, much less could I say, "a majority, if not all." But as the patient grew worse "under" the salicylic acid, may it not be the soda that acted as the curative agent? and what evidence have we that the patient would not have recovered just as soon by using the soda without combining it with the salicylic acid?

I have been using the salicylate of sodium occasionally for about two years; but I can not, with my feeble powers of perception, see in it half the specific effect claimed for it by some practitioners. If I were bound to choose between salicylic acid and its salts, and macrotys and the sedatives, in the treatment of rheumatism, I would take the latter without hesitation. Still I do not condemn the use of the agent so favorably spoken of by the writer, nor would I hesitate to employ it when the conditions were favorable, or where other means should fail. But Dr. Shepard should bear in mind that many cases are cured by soda alone, and others by macrotys alone.

In 1873, before I knew of salicylic acid or its salts, as internal remedies, and also before I had ever heard of specific medication, I cured one of the worst cases of inflammatory rheumatism with the sedatives alone, not even using an alkali of any kind, nor any external application except to keep the swollen joints wrapped in warm dry flannel. The patient had a very full, bounding pulse, hot skin, swollen and very tender joints, the slightest movement causing intense pain. To remove the irritation and hold the pain in check, I gave tinc. gelseminum, and as a curative agent Norwood's tincture of veratrum in the old-fashioned doses every three or four hours. Improvement was so rapid that no further attention was given after the third day. The patient was about in less than a week, and has remained well ever since.

So far as I can, since I have been studying specific medication, I treat my patients according to the rules of that practice. But if I could see no special indications for treatment, (which will rarely occur.) I would try to arouse the secretions, and aid in eliminating the offending material from the system, and "hope for the best."

Art. III.—Measles. By S. J. HENDERSON, M. D., Caseville, Mich.

In the October number of the *Journal*, 1879, is an article headed, "My Failures with the Bromides," in the treatment of measles. I think the children had too much and too many kinds of medicine. But as I do not wish to criticise the treatment given, I will briefly relate my experience with the disease.

In the Spring of 1878, we had an endemic of measles in this locality which was very severe in type, attacking from the nursing infant to the

adult of 43 years. I treated fully one hundred cases successfully, not even having any sequelæ. The treatment consisted largely of cold water, and drosera and aconite in the usual small doses. When the eruption was tardy I gave lobelia until nausea, which never failed to bring the eruption to the surface in a few hours. The eruption was very marked upon the mucous membranes, especially of females of dark complexion, bringing on the menses, and causing miscarriage, diarrhœa, laryngitis, etc. Yerba Santa was the cough medicine in these cases, also the remedy for aphonia—given in about ten-drop doses with twice the quantity of milk every two or three hours. And let me say right here, that it is the most effectual remedy I ever saw for freeing the posterior nares and throat in quinsy.

I will report two cases of importance. Mrs. Gregory, aged 43, was delivered of a full grown child while the eruption was at its height. She could barely keep the recumbent posture long enough to be accouched, on account of dyspnœa from laryngitis, which she had as a complication. After confinement the disease grew rapidly worse; the dryness and burning of the air-passages, the increasing dyspnœa, the anxious and supplicating countenance, told the story of an early dissolution, unless something was speedily done. I had been giving Aconite and Collinsonia in the usual small doses, with inhalations of hot water and vinegar, with but little relief. The patient and family thought she was going to die, in which opinion my mind concurred, but I said nothing. While thinking seriously the Yerba Santa came to my mind, and as I had never used it, I thought here was an opportunity for testing its virtue. I gave it in half-teaspoonful doses with twice the quantity of milk every fifteen minutes. The second dose gave almost instantaneous relief by dislodging from the larynx a tenacious jelly-like mass about the size and length of the little finger; the patient almost strangled in the attempt to raise it. Hope and courage now took the place of anxiety and despair, and by morning she could lie down. For two successive nights she had similar attacks, but not so severe. Free expectoration now set in from the trachea and bronchia, similar in character to the above, and in a few days she was convalescent. The baby had measles five days after birth. Both made a good recovery.

CASE 2.—Mary Wilson, aged 19, prima para, six months advanced, miscarried on the third day of the eruption. Viburnum had no effect. There was severe post-partum hemorrhage, which was relieved by macrotys and cinnamon, and finally by carbo-veg., when the fever abated. The cough was very severe, and as it increased the hemorrhage made the case a troublesome one. It was best relieved by clover-hay tea. In both cases the old women took on considerably, as they had never known of similar cases without a funeral.

Art. IV.—*Alstonia Constricta* will not Cure Chills in Indiana. By B. B. JOHN, Newtonville, Ind.

On the 21st of August I received an ounce of *Alstonia* in an order of medicines from Merrell, Thorp & Lloyd, and I gave it a fair trial in twelve cases of chills with only three cures, and they of recent cases.

The day I received it I put 60 grs. into 4oz. alcohol and let it stand till the 10th of September before using it. I did this with a view of giving the tincture a trial as well as the powder. I will proceed to give my prescriptions in four cases of tertian chills of from 8 to 13 months standing.

To Mrs. A. aged 20 years, I gave 24 grs. in 12 doses, one to be given every three hours, and to finish giving 3 hours before the chill time. The chill came as usual. I then gave twenty grains in eight doses with the same result.

To Willie R. aged ten years, I gave 24 grains, same as to Mrs. A., and at the usual hour, he had another chill. I then gave thirty grains in ten doses, one every three hours, without any effect.

To Mrs. W. aged 37, I gave thirty-four grains in 17 doses, one every three hours, and at the usual time she had a chill and continued to have them till she took quinine.

To Mr. N. aged 21 years, I gave twenty grains in eight doses, one every three hours, all to be taken four hours before chill time, and failed again. I then gave him two ounces of the tincture that I made, to be taken in teaspoonful doses every three hours. The chill came as usual in full vigor, able to shake him two hours. There was no pathological indication for other than antiperiodics that I could see, only in the case of Mrs. A. In her case there was a feeble indication for Rhus, which I gave with the *Alstonia* during the first prescription.

The other eight cases were recent, and received from ten to twelve grains of the medicine each, three of which were permanently cured. The four cases had frequently been broken with quinine and cinchonidia for a few days at a time.

You doctors of the Eastern States may have success with *Alstonia*, but I am satisfied that it will not do in this malarial district. In order to hold our forts, we are compelled to give too much quinine and cinchonidia, that is, we have to give it before we have prepared the way for it. The people in this part (Southern) of Indiana, raise a great deal of tobacco, consequently in the sickly season they are the busiest in their crops, and when they call upon a doctor for a chill prescription they say, doc, knock them the first pop, for I am very busy, and generally if we fail the second time they try some other doctor. This giving quinine before the prominent indications are met, is the principal reason we have protracted cases of chills to worry our brain.

Alstonia may prove to be a valuable tonic, but its antiperiodic properties are too feeble to rely upon. Those that have made a tincture, and given it a fair trial, please report through the *Journal*.

I believe I have found Croton Oil to be a valuable agent for other purposes than those spoken of in our text books. When I become satisfied that it will do in other cases what it has done recently for me in two cases, I will report.

Art. V.—*Enlarged Liver, with Ascites.* By A. J. HOWE, M. D.

In November last I was called to see a sick woman in Brookville, Ky., who had a distended abdomen. The patient was sixty years of age, and thin of flesh. She had been from home several times to consult physi-

cians concerning the nature of her troubles. One medical man had pronounced the case to be dropsy, another uterine fibroid, and a third had diagnosed the abdominal swelling as the result of an ovarian cyst. This third opinion was received with confidence, and I was invited to visit the lady, and execute ovariectomy.

I found quite a large and distended abdomen, with no marked signs of uterine or ovarian trouble. A hard and movable lump could be touched in the left lumbar and iliac region, and in the middle space below the umbilicus. This, from its locality, I took to be an enlarged spleen, although I admitted it might be an hypertrophied liver.

As the interested friends could not be present that evening I set the time for paracentesis abdominis at 8 o'clock in the morning. At that hour several doctors assembled, and numerous unprofessional friends. I then stated to all present that the peritoneal sac contained two or three gallons of ascitic fluid; and after this was drawn off an hypertrophied spleen or liver could be distinctly felt through the collapsed walls of the abdomen.

Having made a short incision in the skin below the umbilical mark, to facilitate a puncture, I plunged a large trocar through the abdominal walls and well into the peritoneal cavity. Upon the withdrawal of the trocar the canula, acting as a spigot, let flow a full stream of dark colored and rather dense serum. Every minute or two the tube would become clogged with a clot of colloid fluid that was helped away by the manipulations of a long probe. In the course of twenty minutes fourteen quarts of the heterogeneous liquid were discharged, and no more could be obtained. The flabby abdominal walls could then be kneaded; and any enlargement of an indurated character discovered, located and defined. In the right hypochondriac region the lower edge of the liver could be felt, also the notch in which rests the round ligament, and then extending downwards and to the left as far as the iliac fossa could be traced the enlarged and indurated liver. This hypertrophied state of the hepatic gland had been the cause of the ascitic accumulation, the general anæmia, and the vital depression.

As after treatment I advised digitalis, manganese, and occasional doses of sulphur. One of the physicians asked if calomel would not act well upon such a liver. I replied that I believe the agent would aggravate the disease; and hinted that mercury may have produced hypertrophy. I had previously learned that the woman a year ago had taken calomel and blue mass for dyspepsia and biliousness.

There is nothing necessarily curative in the paracentesis, yet the operation disposes of a burden for a season, and gives remedies a better opportunity to act efficiently. I should hesitate to attempt a cure without tapping. The idea that one paracentesis necessitates another or repetitions is preposterous. If a cure can not be effected through medication, after one or more tapplings, the fault is not in the paracentesis, but in the severity of the organic disease, or in the therapeutical appliances. Tapping, though only temporarily relieving, does not hasten death, but always gives comfort, and generally prolongs life.

Art. VI. — *Truth Stranger than Fiction.* By AMICUS CURIAE
M. D., Hopeful Station, Ohio.

As a pathological specimen is of little value unless one has a history of the case, and for fear that the wonderful heart so graphically described by Prof. Olin may be classified with some spurious morbid specimens that have done duty in this country, I volunteer a history of the case. Of course the ignorant and unfeeling might be inclined to believe that this heart had been moistened in water until its tissues were softened, and then a suitable opening made in which a "burdock burr," well saturated with blood and dried, was introduced, as they say that many specimens of cancer bottled in alcohol are nice pieces of "sow-belly," with portions of intestine whipped through to serve as *roots*.

Miss Lucy Jones, the fair young patient who suffered this affliction, and now mourns the loss of a heart, and Tompkins Smith, her lover, through whose slow movements the ill starred trouble had its origin. "True love never runs smooth," and the parental Jones was much opposed to becoming the grand-parent of a race of ignoble Smiths, and thus Smith was forbidden to coy his lady-love. But "love laughs at lock-smiths," similarly at cruel parents, and a trysting place was found on the south border of a waving corn-field, where burdock burrs, with other autumn flowers, sport in the gentle breeze.

The appointed eve has come. Miss Lucy hies her to the trysting place. She sinks upon the orchard grass and sedge, to wait the coming of her Tompkins dear, and being tired with her daily tasks, sinks into gentle sleep. Tompkins delays, the maiden's slumber deepens, she murmurs in her dreams, and whilst her coral lips are open (oh! cruel fate!) the gentle breeze dislodges from its stem a "burdock-burr," and floats it in her mouth. One gasp, and then the thing goes through her larynx, trachea, bronchia, and lodges near her heart.

Tompkins comes upon the scene and finds the maid in tears, and struggling with suppressed anguish. He can not divine the cause, and though freely he apologized, she can but answer, "Tompkins, you've broke my heart." Days go by, an ominous cough comes on, her appetite is lost, her sleep disturbed, fierce pains her gentle breast doth rack. Doctors are called, who gravely diagnose her case laryngitis, pneumonitis, bronchitis, hepatitis, gastritis, carditis, and with pill, powder and potion, lozenge, elixir and lotion, endeavor her sufferings to assuage.

'Tis all in vain; no help in drugs, no balm in Gilead for the suffering maid. And so months pass, until at last a travelling physician of great note sounds the advance of science to that country. They hope once more; the learned doctor ("the seventh son of a seventh son") is called, and gravely he examines the patient. "I have it," he says (and friends and skeptical physicians open their eyes amazed); "the heart, the heart," he repeats, "it is the heart, the sound most singular, not mitral, tricuspid, semilunar—most singular sound—it is the sound of blood impinging on the spines of a burdock-burr." Most wise physician! most eminent leech! how can you be rewarded for such skill? But stay, the patient must be cured. "On Monday next let all attend, and I will prove the truth of my diagnosis by removing the offending burr."

But why waste space? At the appointed hour the doctor removed the cause of offence, likewise the heart. She bore the operation well, took food, the wound healed by first intention, and in a short time she made a good recovery. She now mourns the loss of a heart, likewise of Tompkins Smith, who says he could not marry a heartless maid.

[In reading the above, the editor wondered if it could be a veracious account of the "stranger than fiction" case. As he had suggested to the possessor of the specimen that the best way in such cases was to submit a *history of the case, with the heart*, to a competent and well known pathologist, he concluded it must be the lost history, and gives it space for the benefit of a fair minded public and learned profession.]

Art. VII.—The Management of Uterine Fibroids. By A. J. HOWE, M. D.

The request often comes by letter, asking what success has attended my method of injecting uterine fibroids, and what changes, if any, have been made in the original plan. To such inquiries I am ready and willing to make replies.

At first I recommended throwing a fluid drachm of tincture of iodine into the parieties or substance of an hypertrophied uterus by means of a vulcanized rubber syringe which has a long and hollow needle for a nozzle. With these instruments, and medicine injected once in two or three weeks, a retrograde action in the tumefied womb was established; and in the majority of cases a cure was practically effected. But tediously moving cases led me to try other agencies than iodine for an injection. At length I experimented with Squibb's fluid extract of ergot, and thereby obtained better success; and I now recommend the use of ergot instead of iodine. The method remains precisely the same, but the remedy has been changed.

In one case—that of a young married woman who had borne one child two or three years previously,—I injected a drachm of fluid extract of ergot in May, and the same quantity again in June. The uterus was large as if containing a six month's child; and exhausting hemorrhages occurred at every menstrual epoch. The cavity of the womb measured six inches in depth. At the second injection the enlarged uterus had apparently entered upon a course of atrophy, and no hemorrhage had occurred. The second injection was not attended by as much shock as the first, nor was it followed by as great and prolonged pain. In September following the May and June operations the husband came to my office and reported that his wife considered herself well,—at least her womb in her judgment had retrograded to its normal size, and no more hemorrhages had been experienced. This case yielded the quickest of all in my hands, yet I have received letters from physicians who have followed my plan, stating that two and three injections a month apart, have reduced the fibroids or hypertrophied uterus to its normal size, and put an end to hemorrhages. Generally it takes six or eight injections and a year's time to accomplish a satisfactory result. In many instances the patient voluntarily relinquishes treatment as soon as a state of comfort is reached,

and does not resume again unless the disease shows signs of renewed activity. Under such circumstances only a partial cure is obtained, though not a fault of the treatment. In most instances a complete cure would be reached if the injection be repeated occasionally for from six to eighteen months. Inasmuch as morbid hypertrophy of the womb (uterine fibroma) is quite common among middle-aged women, and the cure is so decided, this comparatively safe and easy plan cannot fail to become one of the recognized improvements in gynæcological surgery. Like most good things it requires time for its merits to be known and acknowledged. So sure am I that the time of recognition will come that any anxiety on my part only extends to the record of discovery.

As yet no deaths have attended or followed the injection of iodine or ergot into the meshes of the womb, though the shock has been great enough in a few instances to frighten timid patients and attendants. I am so accustomed to profound vital and nervous shock that I never felt alarm at the condition of the patient recently having undergone penetrating puncture of the walls of an hypertrophied womb, and received a deposit of ergot in the meshes of the organ. No suppuration or abscess has followed the traumatism, though chills and general pains have been encountered for twenty hours after an injection. The breathing of the vapor of chloroform will arrest chills and dull pain. An attack of vomiting will do no harm, and perhaps some good in the way of unloading a foul stomach.

In a case where the morbid structure consisted of a hydatid mass the second or third injection brought on labor throes with such violence that several pounds of mushy material were expelled. The woman then made a rapid and complete recovery, though she had been sick for two or three years to a degree that prevented her from getting about or doing any kind of work. This patient had been the victim of exhaustive hemorrhages, yet no considerable bleeding has occurred since the expulsion of the tumor,—now more than six months, and the woman never enjoyed better health than she has since the delivery.

Art. VIII.—Chlorate of Potash did it. By J. Q. A. VALE, M. D.
Homer, Minn.

Jan. 21st, 1879, I was called to see Mr. F., aged 58, who presented the following conditions: pulse 115, weak and intermittent; tongue heavily loaded, and pasty white; frequent vomitings of a dark yellowish green suburra; breath fetid, and ejections most offensive; constant ache through the walls of the chest, augmented at times to flashes of very acute pain; hands and arms to the elbows, feet and legs to the knees, swollen to double their normal size, and very painful; urine scant, high color; hard fits of coughing occurring daily about nine A. M. and lasting an hour or so; every respiration a groan, and the body reduced to extreme thinness.

The above synopsis of symptoms were made manifest through the emaciated form of a once powerful man, and the case had been in process of preparation some four months, with a history full of aches, pains, swell-

ings, vomitings, diarrhoeas, night-sweats, etc., led me to conclude that the last plea was being made, and court would soon adjourn.

Now I do not care to offer a diagnosis, but will give the treatment, which was short, simple, and effective. I gave my attention to the stomach, my purpose being to allay nausea and vomiting, if possible—at least I hoped to sweeten up things a little, if not for the sufferer, for the benefit of those whose duty it might be to sponge off and dress the corpse. Gave nux in very small doses every fifteen minutes to allay the nausea, and teaspoonful doses of a cold saturated solution of chlorate of potash every hour to remove the sickening and intolerable noxious odor.

22d. No vomiting, some nausea, less stench.

23d. Reasonably comfortable, takes nourishment, breath less fetid.

24th. A decided gain in repairing the stomach; observed a better condition of the swollen limbs. Discontinue the nux.

25th. Less œdema and better general appearance. Continued the potash for the next ten days, occasionally varying the dose, and gave triturated podophyllin as seemed necessary to maintain intestinal action. Diet, animal broths, milk, and potato soup.

Feb. 4th. Found my patient fairly convalescent. Discontinued the potash and gave glycerine and iron, alternated with small doses of quinia sulph. His recovery was rapid and without intermission from first to last, and at this writing he is capable of performing a fair day's work on the farm.

On the outset I had no thought of continuing the potash beyond the accomplishment of the purpose for which I gave it (to remove the stench), but when I saw every bad symptom giving away under its use, it occurred to me that here was a case requiring this special salt, which determined my course, and so continued it to the point of convalescence, as above stated.

Art. IX.—*Pruritus Ani*. By J. A. MUNK, M. D., Chillicothe, Mo.

In the October number of the *Journal* I read the inquiry of a correspondent concerning the treatment of *Pruritus Ani*.

For the benefit of your questioner I wish to say that if other means fail let him try *pyroligneous acid*. I have found it very successful in such cases, and prize it highly. One case particularly, that of a middle aged man, who was troubled with the disease for about twenty years, and had tried everything he could hear of without any benefit, was permanently cured in a short time by this acid. Apply it to the affected parts, full strength, with a feather, camel's hair brush, or bit of soft linen or cotton cloth; if it is too severe, it should be diluted with water to the desired strength.

It is a sovereign remedy to all forms of eczematous disease by relieving the intolerable itching. In any form of skin disease that is marked by *itching* (not burning) I think of *pyroligneous acid* as a remedy. When first applied it produces some smarting which soon subsides, together with the itching. It can be applied *ad libitum*.

Art. X.—*Anemopsis Californica*, the *Yerba Mansa* of the Pacific Coast. By C. G. LLOYD.

The following paragraph, from the pen of Dr. Wm. H. George, of California, is reprinted from the *Journal* of May, 1877 :—

"Yerba Mansa is found in the southern part of the State of California (and perhaps in all parts); grows on high dry grounds as well as low and moist grounds, but the root is best developed in the dry. It resembles somewhat, in its manner of taking root, the common strawberry. The flowers are said to be white. By the native or Spanish population it is considered a panacea. The Yerba Santa they very highly esteem, but the Yerba Mansa, as a universal remedy, they think far excels it. In all malarious fever they use it, and in one case under my observation where quinine had failed the Yerba Mansa was given (expressed juice of the green root) and in a few days improvement was manifest, and continued until a complete cure was accomplished, occupying eighteen or twenty days. The whites as well as the Mexicans use it in diarrhœa and dysentery, and with good results. It seems to be a stimulant, astringent, and tonic."

During the last summer a specimen of the Yerba Mansa in bloom was received from Dr. George, and proved to be *Anemopsis Californica*, of the Nat. Order Saururaceæ. This plant is a low perennial, about a foot high, found growing in wet soil in southern California and Mexico. It sends up a simple erect stem about a foot high, which bears a single clasping leaf, at about the middle, and ends in a head of flowers. The leaves, which are mostly borne from the root, are thick, firm, entire, smooth, and on leaf-stalks that are pubescent on the edges. A prominent characteristic of the plant is the long stolons which it sends out much after the manner of a strawberry. A plant of the *Anemopsis* that was accidentally introduced into a garden at Newport, Ky., about three years ago, has since thrived and sent out stolons over four feet long, although it has never bloomed. The flowers are small, numerous, borne in a dense terminal spike which is surrounded at the base by about six petaloid bracts that give the whole inflorescence the appearance of a single terminal flower.

The only Eastern ally of the *Anemopsis* is the common "lizard's tail," *Saururus cerunus*, which is found in wet situations throughout the States east of the Mississippi. In Dr. Edward Palmer's report of the plants used by the Indians, published in the *A. P. Journal*, Dec., 1878, it is reported that the Yerba Mansa is a great remedy among the Indians, and is used in the form of a decoction or powder as a local application to cuts, sores, etc.

Art. XI.—*Polymnia Uvedalia*. By J. W. PRUITT, M. D., Russellville, Ark.

By request, I give the following specific indications of *Polymnia Uve.* :
A general atonic condition of system, fullness of tissues, a languid, sluggish circulation, sallowness of skin, enlarged glands or organs, as the spleen, liver, womb. A good remedy in amenorrhœa. white swelling, rheumatism, etc. As an external application in the form of ointment it

is a good remedy in enlargements, pains, and as a dressing for wounds—was used largely for this latter purpose during our Revolutionary war.

It is *contra indicated* in all acute inflammatory conditions of a sthenic character.

Art. XII.—Plants Identified. By C. G. LLOYD, Cincinnati, Ohio.

Cassia Marilandica, or American Senna, from Dr. R. Marsh. Properties cathartic.

Cleome serrulata, from Dr. R. J. Jobson. This plant, which is an ally to the Cruciferae, possesses pungent and probably antiscorbutic properties. It does not grow east of the Mississippi.

Vernonia Novboracensis, or common iron weed, and *Helianthus lætiflorus*, from Dr. P. Wilbur.

Penthorum sedoides, from Dr. Woodcox. The doctor used the plant for the cure of flux and summer complaint, and finds it to yield very favorable results. He uses it in the form of a tincture made from the green plant.

Althæa Officinalis, or the officinal marsh mallow, by Dr. J. Hoover. A German physician brought seed of this plant from Germany, and introduced it in Dr. Hoover's neighborhood, where it has now become established. The demulcent root is used in colds, etc.

Plants sent by Dr. Kirk—No. 1 is *Eupatorium serotinum*, No. 2 is *Rhus toxicodendron*, No. 3 *Saururus cernuus*, No. 4 *Rumex obtusifolius*, No. 5 *Tephrosia Virginiana*, No. 6 *Cornus paniculata*, No. 7 *Polygonum Pennsylvanicum*, No. 8 *Helenium autumnale*, No. 9 *Saponaria officinalis*, No. 10 *Eupatorium teucrifolium*, No. 11 *Ambrosia artemisiæfolia*, No. 12 *Rhamnus lunceolatus*, No. 13 *Cephalanthus occidentalis*, No. 14 not determined, No. 15 *Helenium trunifolium*, No. 16 *Chenopodium album*, No. 17 *Sida spinosa*.

Brunella Vulgaris was sent by Dr. J. A. Powers, who has used it for over twenty years, and considers it a positive specific for inflammation and irritation of the mucous membranes. In the loose condition of the bowels, as diarrhoea and dysentery, the plant is found to be a valuable remedy, and it is also useful as a wash for the eyes in acute ophthalmia.

The three species of *Iiatris*—*I. squarrosa*, *I. pycnostachya*, and *I. scariosa*—from Dr. D. A. Sargent, who also kindly sent roots of each species for my collection.

Eupatorium aromaticum, or white snake-root, from Mr. George Spray.

Anemopsis Californica, by Dr. W. N. George.

Actinomeris helianthoides, which is said by Dr. I. J. M. Goss to be useful in urinary diseases, and has received the name of "gravel weed" in his section of country.

Dr. D. A. Sargent sent *Rhus Toxicodendron* and *Ampelopsis Quinquefolia*, also *Clematis Cyindrica* and *Helenium autumnale*.

Rhus Aromatica, the Western variety, from Dr. H. W. Holliday. The shrub is known in his neighborhood as "Shawnee willow," and a tincture of the root in whisky is extensively used by the people in lung diseases. It also affects the urinary organs, and can be detected by the smell in the urine a few hours after it is administered. Also *Ascyrum Cruz-Andreæ*, which is used to relieve the kidney, bladder and urethra of irritation, and seems to have properties similar to *Uva-ursi*.

An undetermined species of the large genus *Erigonum*, by Dr. W. H. Wallace, that has cured severe cases of diarrhœa and dysentery. The root, which is slender and of a dark-red color, has plainly astringent properties.

The *Eupatorium Aromaticum*, sent by Dr. George Spray, is considered by that gentleman to be the cause of the milk-sickness in cows.

Senecio aureus, from Dr. A. Dove, used in his neighborhood in "lumbago and chronic rheumatism with much success."

PERISCOPE.

Neurasthenia and Womb Disease.

Just at this time Dr. Wm. Goodell, of Philadelphia, has done a good service in this direction of professional work in his annual address as President of the American Gynæcological Society, at its meeting last year in Philadelphia. He starts out with the remark that "*nerve-tire* is so common a disorder in our over-taught, over-sensitive, and over sedentary women, that in its successful treatment every physician has an abiding interest." In further explanation of the class of cases referred to, and their probable nature, Dr. Goodell remarks:—

"During menstrual life the sexual sphere preponderates over the others, so the stress of anæmia or of the hyperæmia in these secondary circulatory disturbances very generally falls on the reproductive apparatus. Then again, malnutrition of nerve centers produces a poverty in the quality of the blood, in which obtains a peculiar susceptibility to emotional excitement. Hysteria does not mean necessarily a diseased womb, nor yet is it an abstract entity, but the definite expression of some morbid action going on in the nerve-centers. But let us go a step further. Since functional relation exists between every act of thinking, feeling, or willing, on the one side, and some molecular change in the body on the other, it follows that the mind-illness caused by the body-illness can in turn produce a body-illness—the disturber becoming the disturbed. 'Thought,' says Tuke, 'strongly directed to any part, tends to increase its vascularity and consequently its sensibility.' Hence come these life mimeries of grave structural disease, these mad muscled and local insanities. 'The nerves,' says Cabanis, 'they are the man;' most emphatically they are the woman.'"

As typical of the case he has in mind, he draws this, as he styles it, "too common picture of life:—" "A girl who entered puberty in blooming health and without an ache is over-taxed at school. She loses her appetite, and becomes pale and weak. She has cold feet, blue fingernails, and complains of an inframammary pain. Headache, and backache, and spineache, and an oppressive sense of exhaustion distress her. Her catamenia, hitherto without suffering, now begin to annoy her more and more until they become exceedingly painful. Her linen is stained by an exhausting leucorrhœa, and bladder troubles soon set in. She is wearied beyond measure by the slightest mental or physical exertion; a

grasshopper is a burden to her, and she finally becomes hysterical. Now, very unfortunately, the idea attached to this group of symptoms is that the reproductive organs are at fault, and the unit of resistance lies in the womb. A moral rape is therefore committed by a digital or speculum examination, and two lesions will be found: firstly, as a matter of course, a vaginal anteflexion, and secondly, an endometritis. These are at once seized upon as the prime factors, and she is accordingly subjected to a painful, unnerving, and humiliating local treatment. Unimproved, she drags herself from one consulting-room to another, until finally, in despair, she settles down to a sofa in a darkened room, and relapses into hopeless invalidism."

The interpretation of this train of symptoms he expresses thus: "The yet-developing nerve-centers of this brain-crammed girl were unable to cope with the strain thrown on them, and consequently they broke down. But jaded nerves make poor blood and faulty circulation. From these come cerebral and spinal irritation, with headache and backache, and with general exhaustion. But since this girl is at an age in which the sexual sphere predominates, the brunt of the nervous and circulatory disturbances falls on the most exacting organs, the reproductive."—*Obstetric Gazette*.

Changes in Types of Disease and Doctors.

You will hear over and over again from some of your patients or friends advanced in years, that diseases are not the same now as they used to be, that they are changed in type, and you will hear a great deal about difference in treatment then and now. Some twenty-five or thirty years ago it was no unusual thing to read the medical history of some cases thus: A. B. caught fever, gave him calomel, bled him, blistered him, died on the third day. It has been suggested that fevers, especially, are not what they were; and that, though we are probably right in the way we deal with them, yet our forefathers might have been right, too, in adopting an opposite line of treatment. It has been supposed by many, that we Britons are more puny and faint-hearted than of yore, and that an increasingly vitiated progeny is yearly brought into the world, which is less and less able to bear either the disease or the remedy. All trustworthy records show this to be incorrect. Measurements of ancient armor and clothes show that we are bigger; measurements of athletic feats show that we are stronger; the profits of insurance companies show that we are longer lived; the diminished ravages of epidemics show that we resist disease better than our ancestors. The most complete answer to these change of type theorists is afforded by the fact elicited by statisticians that in reality our forefathers did not have their lives prolonged by the antiphlogistic discipline. They stood it just as we stand it, but such good recoveries as we make now they did not make. The change of type is in the doctor, not in the disease or patient; and we believe the change to consist in our truer insight into the nature of that living body with which we have to deal. And this truer insight we would attribute to the general diffusion of studies to which you have devoted your time, and which at first glance may seem to have had no bearing upon the

matter in hand. These studies you should still continue to pursue; and you should also earnestly endeavor, by accurate observation and careful investigation, to add something, be it never so simple, to what is already known in relation to science and medicine.—*Geo. Wilkins, M. D., in Med. Record.*

On the Treatment of Deep-seated Abscesses and on Periarthritis. A Clinical Lecture delivered at the Hospital of the University of Pennsylvania. By JOHN ASHHURST, JR., M. D.

GENTLEMEN: The case which I am about to bring before you to-day is that of a patient who was presented to you a fortnight since, suffering from a very large abscess situated beneath the rectus femoris muscle of the right thigh. The history of the case, as those of you who were present upon that occasion will remember, was that, some weeks before, the patient, a strong, adult male, had received a severe kick upon the front of the thigh, from a horse, this injury having been followed after a time by pain, swelling, and the other evidences of deep-seated inflammation. When the patient was before you, I pointed out, as you will remember, the symptoms which led me to believe that suppuration had occurred, calling attention particularly to the manipulation by which fluctuation was to be recognized—palpating the part in the direction of the muscular fibres, and not transversely—and directing you to notice the existence of subcutaneous œdema, which, I think, is a sign of value as indicating the presence of pus rather than of any other kind of fluid. I did not employ any exploring needle, which indeed is an instrument of which I am not very fond, believing that, in a large majority of cases, careful examination will enable the surgeon to determine the nature of a swelling without its use; and that, on the other hand, an indiscriminate plunging of exploring needles into tumors of doubtful character, is a proceeding not always quite free from risk.

Being satisfied that we had to deal in the present case with a large, deeply placed abscess, I spoke to you of the different ways in which it might be opened—as by a free incision (whether with or without antiseptic precautions); by the use of the aspirator; or by the method described by the late Mr. Hilton, of Guy's Hospital, London, which is particularly adapted to cases of abscess occurring beneath layers of muscle, or in dangerous proximity to important structures, as in the anterior triangles of the neck. I confess that I have not been impressed with the reality of the benefits said to be derived from Prof. Lister's method, in its application to abscesses; but in some instances of very large, chronic abscess, there is certainly an advantage in the employment of the aspirator; not that any permanent cure is effected in this way (at least according to my observation), for the abscess cavity fills up again and opens spontaneously after a time, usually in the site of the aspiration-puncture; but by this method you divide the evacuation of the abscess into two stages, as it were, and thus, I think, diminish the shock of the operation.

When, however, you have to deal with very deep-seated collections of pus, and particularly with those which are dangerously close to large vessels or other important parts, you had better have recourse to Hilton's

plan. This consists in making a small incision, merely through the skin and superficial fascia, and then thrusting a blunt-pointed, grooved director through the intervening tissues until the abscess-cavity is reached, which may be known by the escape of a few drops of pus along the groove of the instrument; a pair of dressing-forceps is then pushed in, closed, following the director, the blades expanded within the cavity, and the instrument then slowly withdrawn, with a twisting movement, so as to dilate and slightly lacerate the parts, and thus prevent their closing in a valve-like manner before the abscess has fully healed.

Some years ago, I found one morning, among the out-patients at the Children's Hospital, a baby who was cyanosed and evidently at the point of suffocation from tracheal obstruction. Detecting an obscure swelling at the root of the neck, with indistinct fluctuation, I proceeded in the manner which I have just described to you, and succeeded in evacuating a fluid ounce or so of pus, with immediate relief to the little patient, who thenceforward made a good recovery.

In the present instance I made, as you will remember, a superficial incision, about three-fourths of an inch in length, on the anterior surface of the thigh and over the lower part of the swelling; then pushing a director through the rectus femoris muscle, and enlarging the opening with dressing-forceps, in the way mentioned, exit was given to a very large collection of pus, and we secured the complete emptying of the cavity by gently compressing its walls with moist sponges. I next put in practice a mode of treatment which has been recommended by Mr. Callender, the distinguished surgeon of St. Bartholomew's Hospital, who has recently visited this country, and which I have before now employed with advantage in this room. Mr. Callender's method consists in over-distending the abscess-cavity with a solution of carbolic acid (one part to thirty), injecting the fluid through the small opening by which the pus has escaped, until the part becomes more tense than it was at first, and thus making sure that every portion of the abscess wall is brought into contact with the carbolized water. A fenestrated drainage tube is then introduced, and the wound dressed with carbolized oil or, which I employed in this case, a bit of lint spread with the oxide of zinc ointment.

As I told you at the time, this use of carbolic acid is in no respect an attempt to carry out the antiseptic method of Prof. Lister, for it disregards entirely the theory on which his mode of treatment is based, and, as you see, there has been no obstacle here to prevent a whole regiment of bacteria from marching in and out every time the dressings have been changed. I use the carbolic solution simply as a convenient and efficient stimulant to the abscess wall, and certainly do not attribute to it any specific virtue.

The essential points in the after treatment of such a case as this, are to secure free drainage, and to encourage the adhesion of the walls of the abscess by applying gentle but methodical pressure from the outside. The former object has here been accomplished by the use of the drainage tube, and the latter by employing pads of oakum with an ordinary roller bandage, which, in careful hands, can effect quite as much as any more complicated contrivance. The drainage tube, as at first introduced, was,

as you will remember, seven or eight inches in length, and was carried by means of a forked probe to the extreme upper limit of the abscess; as the cavity has diminished in size, the length of the tube has been gradually reduced, until now it is little more than a tent, serving to keep the opening patulous. The discharge for the first few days was tinged with blood (a not uncommon result of the application of carbolic acid), but has steadily diminished in amount, so that the patient may now, as regards the affection for which he was admitted to the hospital, be regarded as almost well.

Within the last few days, however, symptoms of another character have manifested themselves, and I bring the patient before you to-day as an example of an affection which is, I think, not very well understood in this country, and a mistake in regard to which may prove the source of much anxiety and annoyance both to your patient and yourselves. A few days ago this patient began to complain of pain in the knee, much aggravated by any movement, either active or passive, and the joint appeared swollen; at the same time there was no constitutional disturbance; the tongue remained clean and moist; there was no fever nor rapidity of pulse, and there was no great tenderness on pressure—certainly much less than we ordinarily meet with in acute joint affections. Remembering the great risk of peri-articular abscesses, of which I have often told you—the danger of their bursting into the joint—and reflecting that the lower border of this abscess was very close to that large bursa or fold of synovial membrane which, as you know, extends upwards for some distance between the rectus femoris muscle and the femur, you might naturally fear that in this case pus had entered the joint and had given rise to an inflammatory condition, which might end in destruction of the articulation, and in loss of limb if not of life.

One test enables us to decide this point; had pus found its way into the joint, it would have caused acute synovitis, and rapid intra-articular effusion. Now, in any case of swelling about the knee-joint, due to the presence of fluid, you can decide whether it is within or without the articulation by pressing on the patella while the limb is extended. If the effusion be intra-articular, you will find that the patella floats, as it were, and by pressure you can make it touch the surface of the condyles, rebounding when the pressure is removed. There is nothing of the kind here; the patella lies firmly upon the condyles and does not change its position even when I tap quite firmly upon it; hence we can feel pretty certain that the swelling in this case is due to changes outside of the articulation.

The affection, then, with which we have to deal, is, I believe, not inflammation of the joint itself, but of the fibrous tissues exterior to the joint, or, in other words, that condition which Duplay, Gosselin, and other French surgeons designate as *Periarthritis*, to distinguish it from *Arthritis* which involves the articular structures themselves. The inflammation in this case is, I believe, due to what surgical writers call "extension by contiguity." *Periarthritis* may, no doubt, occur in any region of the body, but the only parts in which it seems to have been hitherto definitely recognized are the shoulder and knee, Duplay having described it as oc-

cursing in the former, and Gosselin in the latter situation. These gentlemen's papers may be found in the *Archives Generales de Medecine*, for November, 1872, and October, 1873, and since my attention has been called to the subject by reading their accounts of the disease, I have met with it a few times in each of these localities, though I have not observed it in connection with the other articulations. In regard to this, as to many other surgical questions, we find that *facts* have been observed, and well observed, but incorrectly explained, for many years before a true *theory* is suggested. Surgeons have long been familiar with cases in which, some time after an injury, but sometimes without any clear history of traumatism, the shoulder joint has been found painful, with its power of motion impaired, and probably some anterior projection (not very well marked, however), over the position of the caput humeri; and yet in which the most careful examination has failed to detect either fracture or dislocation. The cases were formerly described as instances of "partial luxation," or "sub-luxation," and, though it did not seem very clear why, when a complete luxation was easily reducible, and left no permanent ill-effects, a partial luxation should be so intractable and should cause permanent disability, yet, in the absence of any better explanation, this view was accepted as satisfactory.

After a while, an English surgeon, Mr. Gregory Smith, found in the dissecting room a number of subjects, in several of which, upon dissecting the shoulder, the long head of the biceps was seen to have given away, while in others it was merely displaced from its normal position in the "bicipital groove." The history of the patients from whom these specimens were derived, was not known, but, some years subsequently, Mr. Soden, of Bath, published a case of obscure injury of the shoulder, in which, the patient dying two years afterwards from other causes, *post-mortem* examination revealed a similar displacement, and from this time "dislocation of the long head of the biceps" became a recognized form of injury with surgical writers and teachers. The accuracy of these *observations* remains undisputed, but the correctness of the *explanation* was after a time called into question by Dr. Adams and Mr. Canton, in England, and subsequently by E. Jarjavay, in France, the British writers regarding the changes in the biceps tendon as secondary to *rheumatoid arthritis*, and the French surgeon considering the cases as examples of traumatic inflammation of the subacromial bursa.

The explanation which I would venture to suggest to you, following the teaching of Duplay and Gosselin, is that these and similar cases should be regarded as instances of *periarthritis*, not necessarily of a rheumatoid character, and, on the other hand, not invariably though often of traumatic origin. The pain, especially on motion, is readily accounted for by the inflamed condition of the tendinous sheaths and bursæ which surround the joint; the loss of motion, which sometimes in the shoulder amounts to absolute paralysis of the deltoid, may be due (in the traumatic cases) to concomitant injury of the nerves supplying the part, or, as suggested by Duplay (in chronic examples), to compression of the musculo-spiral nerve by the products of inflammation; while the deformity is due to effusion into and thickening of the periarticular soft tissues.

Periarthritis undoubtedly presents many analogies, as regards its symptomatology, in both knee and shoulder, to both *rheumatoid arthritis* and the milder forms of *pyæmic joint inflammation*, such as are met with in the so called *gonorrhœal rheumatism*; and I think it probable that an ardent advocate of what the Germans term "Listerism" might suggest that the case before you was really an instance of septicæmic infection, and that if I had treated this patient with all the minute precautions of the antiseptic methods he might have escaped. The objections to such a view are (1) that the affection is limited to a particular joint—that in immediate proximity to the part originally injured, and that which would naturally be implicated in the simple extension of inflammation "by contiguity"—while in septic poisoning we should probably have several joints involved, and this one would be no more likely to be affected than any other; (2) that the patient has suffered from no constitutional disturbance, and really is not at all ill (which would certainly not be the case in septicæmia); and (3) finally, that, as I have shown you, there is no intra-articular effusion, which, I believe, is invariably present in the joint affections of septic blood-poisoning, gonorrhœal rheumatism being indeed, as remarked by Prof. Bumstead, "essentially a hydrarthrosis."

From *rheumatoid arthritis*, this affection can be distinguished by its affecting but a single part, while the former commonly involves a number of joints, and may sometimes extend to almost all the articulations of the skeleton, being moreover often symmetrical in its development. Rheumatoid arthritis, too, is generally found in persons past the middle period of life, and is most common in the male sex, while periarthritis is met with at all ages and in either sex indiscriminately, all of Gosselin's cases indeed having occurred in young girls.

From the "*hysterical*" joint affections described by Brodie (the "nervous mimicry" of disease, of Sir James Paget), periarthritis can be distinguished by the existence of positive deformity, recognizable both by sight and touch, and by the absence of that intense, superficial hyperæsthesia which is so characteristic of the former affection.

Synovitis could hardly be mistaken for the disease which we are now considering, if any care was taken in the examination of the case; the position of the limb is itself significant in cases of synovitis, the joint being so placed as to allow the greatest mechanical distension of the synovial capsule, whereas in periarthritis, provided that the limb be not moved, one position is not more agreeable to the patient than another. In addition, the swelling in synovial inflammation is obviously intra-articular, and is attended with fluctuation.

In *arthritis*, the swelling is of a doughy character; the joint is usually fixed in the position of greatest relaxation; the pain is much more severe than in periarthritis, and, in the advanced stages, of a "jumping" or "starting" character; and there is much constitutional disturbance, beginning as severe inflammatory fever, which in the progress of the disease assumes a typhoid and eventually a hectic type.

The *prognosis* of periarthritis, as regards the life of the patient, is almost always favorable; unless in some peculiarly unpropitious states of the constitution, recovery may be confidently anticipated. In regard to the

restoration of function, we must express a more guarded opinion; if early recognized and carefully treated from the beginning, I believe we may hope for the preservation of the usefulness of the limb, but, if the disease be allowed to assume a chronic form, more or less permanent stiffness is apt to remain. In some cases (in the shoulder) the function of the deltoid appears to be seriously impaired; but even then a useful arm may be obtained, the motions of the scapula compensating for the deficiencies of the affected muscles. The stiffness in the chronic cases is due to inflammatory adhesions of the tendons and tendinous sheaths, and of the bursæ, in the neighborhood of the joint, but the articulation itself remains uninvolved.

With regard to *treatment*, I have no hesitation in advising you that, in the early and very acute stages, the part should be kept at rest. In the case of the shoulder it will usually be sufficient for the patient to carry the arm in a sling, but in the case of the knee the whole limb should be well supported with a suitable splint or bandage. You see what is employed in this case, a roomy, moulded splint or "gutter" of thick pasteboard, well padded and cut out, or rather *torn* out, around the joint. I say particularly "torn out" because you can make a much better and softer edge by tearing pasteboard than by cutting it. If there be much pain and tenderness, a soft, warm cataplasm may be placed around the inflamed part; but under other circumstances I prefer what you see here, a mixture of equal parts of mercurial and belladonna ointments, spread upon lint, and applied by gentle pressure made by means of a layer of cotton wadding and a bandage. This you will find very efficient as a soothing and resolvent application; it in some degree corresponds to, but I think it is an improvement on, the "Scott's dressing" formerly much employed by British surgeons.

In the later stages, and when the tenderness of the part has disappeared, friction with stimulating liniments may be employed with advantage, and benefit may also be derived from kneading or *message*, and the use of electricity. In this stage, too, the patient should be encouraged to use his limb cautiously, and as much as may be consistent with the avoidance of increased suffering.

The constitutional treatment, throughout, should be of a tonic and supporting character, iron, quinia, and cod-liver oil being probably the most important remedies.

If the case be first seen at a late period, when the motions of the part are seriously impaired by the formation of inflammatory adhesions, Duplay's advice should be followed, and, the patient having been brought under the influence of an anæsthetic, forced manipulations employed so as to restore the mobility of the limb, when frictions, electricity, etc., may be resorted to as in the earlier stages. The adhesions in periarthritis being altogether *extra-articular*, there is no risk in the manipulations, such as there is in cases of ordinary ankylosis, and, according to Duplay, they are not even followed by any increase of pain.—*Medical News*.

Crude Petroleum in Respiratory Affections.

In a recent communication to the Societe de Therapeutique, M. Blache calls attention to the harmlessness of this agent, and cites the case of a workman who accidentally swallowed 200 grammes, and who suffered only from nausea and diarrhœa. Refined petroleum, which has been treated with sulphuric acid, acts quite differently. The therapeutic properties of the crude article are well known in the refineries, and it has been remarked that those who took frequent small doses (teaspoonful before meals) very rarely complained of thoracic affections. Blache has administered capsules containing 35 centigrams of the crude petroleum with the following results: In chronic bronchitis where expectoration is abundant, there is rapid diminution of secretion, and less frequency of the fits of coughing. In asthma similar results are obtained, with the disappearance of dyspnœa. In simple acute bronchitis it has produced a rapid amelioration. He was unable at the time of this report to speak positively concerning its action in the cases of phthisis.

Phosphated Milk. By LEBLOND.

For a number of years the phosphates, and in particular the phosphate of lime, have taken an important place in the therapeutics of infants. Physicians who occupy themselves especially with the diseases of infancy know what wonderful effects are obtained from the administration of the phosphate of lime to infants, when the development of their bones is insufficient.

When the medicine is administered under the form of phosphate of lime, the absorption is almost nothing on account of the insolubility of the calcium salt. If we render this soluble by combining it with an acid, as hydrochloric acid for example, we introduce into the stomach an acid which is not without serious inconvenience to the gastric mucous membrane. These are the difficulties which have led Dr. Monribot, of Epinay-sur-Seine, to seek if it be not possible to obtain the solution of this salt in the milk of the cow. The attempts of Dr. Monribot have been crowned with success, and have given results which it seems to us interesting to make known.

The milk which we have employed, and of which the analysis has been made by M. Godin, pharmacist, came from a cow aged six years, to which had been given, twice each day, 80 grains of powder of calcined bone, intimately mixed with a gruel prepared with bran.

The phosphated alimentation to which this cow has been subjected, has resulted in a very notable increase, in the milk, of phosphates rendered soluble.

From a clinical point of view, the milk charged with phosphate of lime has given us excellent results with two young infants affected with enteritis, in the service which we have directed in the Saint Lazare for several months as substitute for Dr. Courot. In private practice we have administered with entire success, each day, a litre or one quart phosphated milk to a young man of 19 years, affected with commencing pulmonary tuberculosis. The percussion and auscultation signs, which were

determined at the same time by myself and Dr. Lorne, a distinguished practitioner, very soon improved, and even disappeared at the end of a month and a half of treatment. The general state of the patient has become very good; the night sweats which existed at the beginning of the treatment have completely disappeared.

The confidence which Dr Herard seems to accord to the phosphated milk in commencing pulmonary tuberculosis, and the results which M. Bauchut has obtained at the Hospital for Infants, do not leave us any more doubt as to the role which phosphated milk is called to play in therapeutics.

Having become a constituent part of the milk, the lime salt should necessarily produce effects which we can not obtain with it in pharmaceutical preparations.—*Annal. de Gyn.*

Tumor of the Tongue.

The following case of *Hard Nodulated Tumor of the Tongue*, apparently of a cancerous nature, which disappeared under the use of *Galium aparinum*, reported by F. A. Bailey, F. R. C. S., is taken from the British Journal of Homœopathy.

Jane C., a married woman, aged 60, residing at Ramsbury, in Wiltshire, was admitted into the hospital April 5, 1864, on account of a hard, firm, somewhat circumscribed tumor of about the size of a boy's marble flattened, imbedded in the substance of the tongue, on the right side, about an inch from its apex, which had been gradually increasing in size since she first observed it, five weeks before, when it was about as large as a hemp seed.

The upper surface was nodulated and uneven, and the swelling generally had the appearance and feel of a scirrhus formation in the organ. It had all along been extremely painful, so much so as to entirely prevent her sleeping at night; it was exquisitely tender to the touch when handled, and latterly she had experienced a throbbing, beating pain in it, which had induced her to think it was about to burst. There was no appearance of its having been caused by injury to the tongue through a decayed tooth. She had always been in the habit of living tolerably well, but had been suffering a good deal from general debility and languor for some time before the commencement of the swelling. Her countenance did not indicate any peculiar cachectic condition of the system, and there was no history of any hereditary cancerous taint in her family. The tumor had increased rather rapidly lately, and she was quite unable to masticate solid food on account of the pain it induced, which had added much to her original weakness.

She was ordered to have strong cold beef tea frequently during the day for diet, with a pint of porter daily, and to take the following medicine: —℞ Extract Galii Aparini Solidi, two ounces; Aquæ ad. half a pound. M. Ft extract fluid. Of this extract a drachm and a half was given twice a day in a wine-glassful of water. She was also ordered to use the above mixture as a warm lotion to the mouth several times during the day, keeping it in the mouth for some time during each application.

A month after her admission she had completely recovered from the languor and debility under which she had been previously suffering; her face, instead of being pallid and sallow, had recovered a healthy and somewhat florid appearance, which was natural to her; the pain in the tumor had been gradually diminishing, and the tumor itself had become so much reduced in size as to be scarcely discernible to the touch, and as she was now able to take solid food without discomfort and with an appetite, she was at the end of five weeks discharged from the hospital. A fortnight afterwards, having continued the remedies prescribed, she presented herself as an out-patient, when it was found that the tumor had entirely disappeared, and the tongue had recovered its natural structure and appearance.—*Amer. Observer.*

A New Preparation of Quinine Soluble in Water.

In the *Centralblatt f. d. Med. Wiss.*, June 14, Dr. Jaffee, of the Hamburg General Hospital, reports the results of the trials which he has made of a new preparation of quinine termed *quinia bimuriatica carbamidata*, formed by Drygin, from a combination of twenty parts of muriate of quinia, twelve of muriatic acid, and three parts of urea. The resulting salt is soluble in equal parts of water, and is therefore eminently suitable for the administration of large doses of quinine by the hypodermic method. The trials that have been made of it at Hamburg have proved so successful that it is highly desirable it should be more widely known. A 50 per cent. solution has always been employed, so that a Pravaz syringe full (holding one gramme) will contain a third of a gramme of the salt. The quantity injected varied from a half to two syringes full. The local irritation consequent on the injection was in most cases very slight, and at most consisted in a circumscribed burning pain (soon relieved by cold Goulard water), without redness or swelling. Doses of a gramme produced in men scarcely any subjective sensations, and the noises in the ear complained of by women and children soon disappeared. The antifebrile effects were evident and certain, intermittents disappearing after the second or third injection. This form of administration seems especially indicated (1) in those sensitive persons who have an invincible objection to taking quinine by the mouth; (2) when gastric affections coexist; (3) in children; and (4) in hospital and pauper practice, as a much smaller quantity of quinine is required than when it is administered internally.—*Medical Times and Gazette.*

Treatment of Scrofula and Tuberculosis.

Dr. Jules Regnard has prescribed the chlorhydro-phosphate of lime in a case of tuberculosis after scrofula in a child with the greatest success. The preparation was given to the extent of a tablespoonful at each meal without any other treatment except careful dietary, fresh air, sunlight and exercise. Commenting upon this case, Dr. Regnard wishes it to be distinctly understood that he has no intention of throwing into disrepute other modes of treatment. That phthisis is not a simple disease is well

known. There appears to be one dominant condition more especially marked at the commencement of the disease—a general poverty of the system, which, at first a result of the disease, at a later period favors its further development. It is in this state that the beneficial effect of the chlorhydro-phosphate of lime are most chiefly noticeable. This remedy restores and stimulates the appetite, which has been long lost, to a greater extent than any other. It facilitates digestion and assimilation, and it acts directly upon the general as well as upon the local conditions.

Side by side with this dominant affection, however, various symptoms call for special treatment. Thus in the majority of cases creosote is used for the purpose of moderating expectoration, and because it appears to possess a kind of topical action. Sulphate of atropia gives good results in sweating. In certain cases, too, arsenic is beneficial, and every one has experienced the remedial effects of hygienic treatment, and a change of scene chosen judiciously for each case. Cod-liver oil, which is so generally employed, may also afford great benefit whether it be used alternately with the chlorhydro-phosphate of lime, or simultaneously with that remedy, by rendering its digestion more ready. No means should therefore be left untried, but, although varying symptoms should be treated with a variety of remedies, the chlorhydro-phosphate of lime should be employed in every case of simple phthisis.—*Practitioner.*

Sore Throat—Clinical Observations.

There is no more reliable and efficient remedy known for catarrhal angina, especially when attended with hoarseness and laryngeal cough, than *Arum dracontium*.—*Hart.*

Dr. Bayes reports a case illustrating the selection of the remedy by the characteristic symptom, cured by *Belladonna* followed by *Pulsatilla*, the latter for the choking sensation that remained after the removal of the soreness by the *Belladonna*.

Dr. Stokes says that a few crystals of the chlorate or nitrate of potassa, dissolved in the mouth when the symptoms first set in, will generally cure at once.

Hahnemann recommends *Belladonna* for sore throat, when the “fauces and pharynx are deep red, soft palate and tonsils swollen; swallowing painful, particularly of fluids; speech thick; feels as if there was a lump in the throat, which induces hawking; the throat is swollen outside and sensitive to the touch;”

Dr. Hills gives phosphorus in cases attended with the “sensation as if cotton was in the throat day and night.”

Dr. Burt says “a dry pharynx, with dysphagia and frequent inclination to swallow, calls for *Cimicifuga*.”

Dr. Guernsey says, “If you ever have a patient who can swallow nothing but liquids, give him *Baptisia*.”

Dr. Hale says of *Pulsatilla* Nutt., “I have known the happiest results follow its use in catarrhal angina, when the fauces and pharynx, as far as can be seen, are of a purplish or livid color, puffy, and the seat of stinging pains.”

Bæhr says, "In its ordinary form there is no better remedy for catarrhal angina than Belladonna; when given every two or three hours, not too high, it rushes in twelve to twenty-four hours the most violent pains in the throat, removes the febrile and congestive symptoms, and leaves mostly only a little lassitude and an impaired appetite. This effect of Belladonna is almost constant among children, who are sometimes seen in the morning jumping about bright and cheerful, even if they seemed deathly sick the evening previous.

"In older persons, where the angina exists seldom as an idiopathic affection, Belladonna only removes the pain in the throat, whereas the other symptoms which correspond to the catarrhal process remain unchanged, and require the remedies indicated by them."

Hartman gives the following indications for Pulsatilla: "The throat is dark red, some of the vessels being engorged and very prominent; the general disturbance is not very violent, but violent earache, and tearing, darting pains in the cervical muscles are generally present."

Hyoscyamis, according to Dr. Hills, is indicated for "dryness of the throat, with inability to swallow liquids."

Dr. Guernsey recommends Lachesis for "diseases of the throat that commence on the left side, or in which the pain on swallowing goes up into the left ear, the course of the pain being along the parotid gland externally."

Dr. Ward, describing an epidemic of pharyngitis which prevailed in 1867, says: "More than fifty cases fell under my notice during its prevalence, presenting a great similarity of symptoms. Lachesis, in the 5th, 12th, 15th, and 30th attenuations, was the only remedy administered, and it never failed to afford almost instant relief. The characteristic symptoms were rawness, stricture, and choking, generally preceded by chills, nausea and vomiting, followed by high fever. In most cases a single dose of the remedy afforded relief."—*Amer. Hom. Observer.*

How to make Trousseau's Cataplasms.

Dr. Dieulafoy, (*Lyon Med.*) who has frequently applied this cataplasms with such success, gives the following directions for its preparation: Take, according to the size of the affected articulation, three or four pounds of bread—four pounds are sufficient for the knee-joint, two pounds for the wrist. Cut it into pieces, removing carefully the hard portions of the crust, and soak the bread for about a quarter of an hour in water. It is then taken out, tied into a cloth, and squeezed to express a part of the water absorbed, so that the bread remains moist, but not too wet. It is then put into steam bath, and allowed to remain there for three hours, when it becomes like dry paste, which is softened by the addition of camphorated alcohol. The dough is then kneaded for about five minutes, till it is of the consistence of plum pudding. This is the most delicate point in the making of a cataplasms, because if it is too soft it will give way, and spread out under the pressure of the dressing, and if it is too hard it is apt to crumble and break into small pieces, which might injure the skin. The degree of consistency of the cataplasms must therefore be very care-

fully supervised, because unless one is in the habit of making it, there is always a tendency to make it too soft, either because the bread has not been squeezed sufficiently before having been put into the steam bath, or because too large a quantity of camphorated alcohol has been poured upon it. The dough, having thus been prepared, it is spread on a linen bandage in the shape of a rectangle, large enough to cover the whole of the joint. The poultice must be at least one-third of an inch thick at the edges, in order to prevent the thinner portions from drying too quickly.

The surface of the cataplasm is then painted with the following liquid mixture : camphor, seven grammes; extr. op., five grammes; extr. bellad. five grammes; alcohol, q. s.

This being done, it is applied by being put over the affected joint, and covered by non evaporant covering. The whole is then firmly fixed by means of a long flannel bandage, over which is placed a linen one of the same length. These bandages vary in length, according to the size of the joint, and, consequently, to the size of the poultice. The joint having been thus bandaged, it must remain perfectly immovable; the compression, although firm, must not cause the underlying parts to become œdematous; this may be prevented, however, by bandaging them also. In order to prevent the layers of the bandages from slipping, they must be sewn to each other. The cataplasm then remains in the same position for eight or ten days, after which time it is removed, and found to be as fresh and moist as if it had been just applied: it still smells of camphor, and does not present the least trace of mould. The skin which has long remained in contact with it is perfectly healthy, unless the cataplasm should have been too thin at the edges, thereby either drying too soon, or giving way under the pressure of the bandage, and causing the skin to excoriate. This is Trousseau's cataplasm. At first sight it appeared too expensive for poorer patients, because the cost of the material amounts to from two and six pence to five shillings, if the appliance is made in a hospital. If, however, we consider, that, the expense having been once incurred, the cataplasm remains in its place for at least eight days, during which time no other medicine is given, we are soon convinced that it is even cheaper than most other appliances. The indications for the use of this cataplasm are so obvious that they need not be repeated here. In every kind of chronic or subacute inflammations of the joints, when other means, such as blisters and cauterization, have proved unsuccessful, and even in the first instance, Trousseau's cataplasm will be found most useful and advantageous.—*London Medical Record.*

LEMON JUICE FOR HYPERTROPHIED TONSILS.—Saint Germain has found lemon-juice a very simple and efficacious remedy for the suppression of hypertrophied tonsils. In young subjects, he pencils the tonsils with lemon juice twice a day. A cure is usually obtained in two weeks.

He does not consider more heroic treatment justifiable till this remedy has failed.—*Revue de Therapeutique.*

EDITORIAL.

Another Decade.

It seems a little strange to write 1880, and count another ten years in the journey of life. Some of us have traveled together for eighteen years, and have not found one another bad company; and we hope to go on for another eighteen years (make it twenty) and write 1900 before we get to be angels.

Looking back over the eighteen years, we see that we have made great progress as a school of medicine, both in our practice and in our position before the public. We have rid ourselves of the remnants of antiphlogistic medicine, of nauseous drugs, of shot-gun prescriptions, of druggists' nostrums, and of uncertain and hap-hazard medication. We have substituted for this definite medication, which looks to the conservation of life, pleasant medicines, and small doses.

One can hardly realize the changes that have been effected, unless he goes over the ground step by step, setting aside the new remedies and methods of treatment until he reaches the practice of the olden time. I am very free to say that I would not practice medicine with the means I had at command a quarter of a century ago, and I do not believe any of my readers would be willing to go back.

I wonder if we will make as much progress in the next twenty years. If we do, the twentieth century will find practical medicine well advanced toward a definite science. And there is no mistaking the form the advance will take—it must be, and it will be, *specific medication*. This is the field therapeutists are turning their eyes to in each school of medicine, and we may be thankful if our neighbors do not take the lead in this. It is true that we have a good practice of medicine, a definite practice, a successful practice; yet I feel that it is but in its infancy, and that the practice of medicine in 1900 may be as far in advance of this as this is in advance of 1860.

In this close of the old and commencement of the new year, we have great reason to be thankful "that it is as well with us as it is." There is a constant demand for Eclectic physicians in new fields of labor, and young men seeking a profession are looking in our direction.

Cerebro-Spinal Meningitis.

We hear of but few outbreaks of this unpleasant disease the past year, and these have not been of so dangerous a type as in some past epidemics. But we may expect to have it in the future—indeed I fear that our country may never be free from the associate maladies, diphtheria, cerebro-spinal meningitis, and spotted fever, as it never will be freed from typhoid fever. It is a little singular that zymotic diseases are diseases of an old-settled country, not of a new country. They replace the malarial fevers and acute inflammations of the new settlements, and sometimes show such a remarkable tendency to increase with the age of the country that at last they are worse than the diseases they replace.

One needs but to look at the older sections of our country to see the truth of the above statements. Where fifty years ago typhoid fever was unknown, it has now become a common disease; where pleuritis and pneumonitis were common, we now have diseases showing typhoid symptoms in an early stage.

We have reason to believe that the land becomes befouled with human excretion, and where no attention is paid to drainage and a removal and safe disposal of this material, a country grows more and more unhealthy with age. But where a country has good natural drainage, and the soil, subsoil, and underlying rocks are calculated to favor the decomposition and recomposition of this waste, the country grows healthier with age.

It is now well proven that even pulmonary consumption is no exception to this, and that a country may become infected by tubercle, as by the contagion of typhoid fever and diphtheria. We are now very particular to send sufferers from, or those predisposed to phthisis, to new sections of country, and warn them against places where consumptives have been in the habit of going. Some sections of Colorado, Florida, and North Carolina, are becoming tuberculous, as are Nice and Mentone on the Mediterranean.

But what I especially wish to call the reader's attention to is, that the old plans of treatment do not give success in zymotic diseases. It is not sufficient in these cases to say, give a sedative, start the secretions, and then break up the disease with quinine. That was very well for the diseases of a new country, but we must take a step forward to meet the new conditions. If I were to say, "Examine the patient carefully to determine the remedy specially indicated," I would put the question of treatment fairly before the reader. If there are symptoms pointing to a special medicine, you may be sure it is a remedy and will give success. If you can find no such indications, nurse the patient carefully, keep things clean, give the patient food and rest, and trust in Providence. Providence will not kill the patient, but we can not say so much for the ordinary routine of drugs.

In three cases of what seemed to be cerebro-spinal meningitis which I have seen this winter, the treatment was Aconite and Baptisia, the indications for the latter remedy being pronounced. The cases were in a very unpleasant locality, and there was no mistaking the blood-poisoning, as there was no mistaking the fixed position of the head from contraction of the cervical muscles. Given, the swollen, dusky-purple face, and I should trust Baptisia to cure anything curable, and it cured these cases.

Typho-Malarial Fever.

We have had three letters with reference to this disease, from different parts of the country, showing that there is a disposition to typhoid, needing but unfavorable climatic conditions to give unpleasant endemic and epidemic affections. The year has been a remarkably healthy one, because we have had a fairly uniform temperature, rain-fall, and especially good atmospheric conditions. The following extract from one of these letters will present the subject fairly:—

"We are now having nearly an epidemic of typho-malarial fever in our little villlage, and it has been very unmanageable and very fatal. I have now twelve cases under treatment, one of my children, a boy of eight years, being one of the number, and I wish to get advice as to its treatment. I was looking over your work on Practice a few days since, but you do not mention this disease. It differs very much from typhoid fever. There is nearly always a persistent constipated condition of the bowels from first to last, although the tongue assumes a deep red and dry; sor-des on teeth early in the disease, yet it is very rare the bowels are loose. Another remarkable thing, there is but little thirst. The nervous centers are early involved; jactitation, picking at imaginary objects, and great restlessness; rarely any pain in the head; the temperature often reaches 105° or 106° early in the first week, seldom being that high more than one or two days, averaging about 102½°. Quinine seems to be of but little service. I was to see a man this morning, whom I attended some three or four weeks since. When I left him he was nearly clear of fever, but he tells me he has had more or less fever ever since, which quinine is powerless to break, yet he has a good appetite, rests moderately well at night; tongue slightly coated. The fever persists in spite of quinia, strychnia, and turpentine. So be so kind as to let me have your views, either by letter or through your valuable Journal.

"Yours,

R. F.

Typho-malarial fever differs from typhoid fever in having no disease of Peyer's glands, and attendant diarrhœa; and from common continued fever in showing decided exacerbations and remissions. It varies greatly in severity, in some cases destroying life rapidly, but in others running for weeks. At times it is a *relapsing fever*, returning after two or three days or a week after seeming convalescence.

Though the periodicity is well marked, quinine will not cure as in ordinary remittents. In some cases it acts well, and arrests the disease, when the patient has been prepared for its kindly action; in others it seems to be the worst remedy that can be given, whether used in large or small doses.

If one wants success here he will examine his patients carefully, to determine the specific indications for remedies. The indicated remedy will cure, if associated with good nursing and hygiene. If the physician can not find such indication he had better dispense with medicine and trust to the nurse and cook. There is no mistake about this matter, and those who have to deal with typho-malarial fever had better learn it before than after the endemic.

It is fortunate for us if we have noticed an endemic or epidemic influence, and have determined the endemic or epidemic remedy for the season. I knew a severe endemic of typho-malarial fever treated with Rhus and Aconite alone; in another sulphite of soda was the remedy; and in another it was Podophyllin. I had a little brush with the disease at one time, and Baptisia was the remedy.

All that we can do, of course, is to bring our knowledge of disease and remedies to bear in these cases. We go over the ground very carefully, examining every function and looking carefully for indications for reme-

dies. We may find it in the tongue, the color, the expression of face, the eyes, the condition of the nervous system, the patient's sensations, or in the excretions. We may not find it if we look for it (and these are unpleasant cases), but surely we shall not find it if we do not look for it.

Phantom Tumors of the Abdomen.

Among the most singular lesions that come into our hands are phantom tumors of the abdomen, and among these I include those singular instances of supposed conception, which have been very practical jokes on some unfortunate physicians. Indeed the whole thing seems sometimes like a huge joke, gotten off on some poor brother illy able to face the laugh raised at his expense.

I had a case of phantom conception in the earlier part of my practice, but fortunately I was put on my guard by an old lady who thought the patient was shamming. With my wits about me, a very careful examination determined an unimpregnated uterus, and the old-fashioned jalap and senna cathartic removed the full abdomen, which was produced by gaseous accumulation. As I had two or three neighboring women put their hands on the abdomen and feel that the swelling was gone, the patient could not continue the deception.

A subscriber to the *Journal* reports a case as follows:—"I was called to examine a Mrs. L., who was thought by friends to have a tumor. The lady is over sixty years of age, and weighs over two hundred pounds. She has not menstruated for over twelve years. As I pressed her abdomen she said, 'Be careful, I am pregnant, and have been for twelve years, and am expecting to be confined every day.' She thinks there are three children, and she can hear them cry, and constant motion can be felt. The motion is not that quick motion of pregnancy, but wave-like, at times causing a feeling of suffocation. When she is tired the motion is stronger, and sometimes she cannot sleep at night for it. Her general health is pretty good. I examined her carefully, and found the uterus small and in natural position."

The troublesome feature in this case, as in some others, is the mental aberration; if it were not for that, there would be little difficulty in effecting a cure. The apparent motion is from contraction of the abdominal muscles. The source of the wrong is from deranged spinal innervation. Ignatia and Caulophyllum would probably be the best remedies.

I recall a case of this kind occurring near this city, some years ago, in which a physician stayed with the woman three days, expecting her confinement. In this case an older physician being called removed the trouble with castor oil and turpentine.

A case of abdominal tumors was brought to me some five years ago, to see whether there was a possibility of their removal. The patient had never been away from home before, had been thoroughly frightened by a slight railroad accident, and again by the thought of an examination by a strange physician. On making the examination the tumors were scarcely perceptible, and the attending physician was astonished. But they came back the same day, and a subsequent examination showed

them very distinctly, so that they could be grasped with the hand through the abdominal wall. The patient was placed under chloroform, and as anæsthesia became deep, the tumors disappeared. I have never been able to account for the deception in this case. The woman was passing the change of life, and after this the tumors faded away.

Little Things in Obstetrics.

In the practice of obstetrics as in medicine, the physician wants to be in a position to think clearly; and so sure as he allows himself to become demoralized by doubt as to the condition of affairs, or the procedure or treatment necessary, he will find his position unpleasant. As a first rule I would insist that at the first examination he should ascertain the presentation if not the position, the stage of labor, the character of the pains, and the condition of the soft parts. Frequent examinations are to be avoided, and they can only be avoided by making them thorough and entirely satisfactory at first.

I recall a case in which the physician had been in attendance for eight hours, and had not diagnosed a shoulder presentation. Another in which a breech presentation had completely demoralized the young obstetrician. Readers doubtless have known of similar cases, and will concede the rule as above. Whether it concerns the use of remedies, the estimate of time that we will be in attendance, or operative procedure that may be necessary, the rule is absolute.

Taking the simple and not uncommon case of twins, we may sometimes have a very strong suspicion by the mere outline of the uterus when the waters break. Certainly we will be wide awake when a child having been delivered, the uterus still remains large, and an examination per vaginam is at once made to determine the condition of affairs and at once determine the presentation and position. I am well satisfied in this case, a wrong position is readily rectified by manipulation, as in the majority expulsive pains do not come on for fifteen minutes to an hour. In my first case of twins I had a first cervix presentation, and a second shoulder presentation, which last was rectified by cephalic version, according to Prof. Wright.

In a breech presentation the principal difficulty is in the delivery of the head, though it requires but a small amount of skill to accomplish this speedily. If the physician, as soon as the body is delivered, will pass a finger along the chest through the vulva into the mouth of the child, he will obtain command of the head by preventing a departure of the chin from the breast. Considerable traction may now be made without danger to the child, and if the mother assists by bearing down, the head is delivered in one or two pains. Within the month two cases have come to my knowledge where the lives of the children were lost by want of attention to this simple rule. In one case labor was delayed for two hours, and of course the mother suffered severely from it.

The only case of inversion of the uterus I have ever had in my practice came from a short umbilical cord wrapped twice around the neck of the child. The organ was turned inside out in order to permit the birth

of the child. Since then I have never omitted the examination to determine whether the cord was around the neck, as soon as the head was born, and in fully one-third of the cases it was so. What is needed in the majority of instances is to loosen the cord so that it may not impede respiration, though in some cases it may be thrown off. At least as soon as the child is born it is turned so that the cord may be unwrapped from the neck.

In shoulder presentations turning is not such a difficult operation if done early, when dilatation is sufficiently accomplished. If postponed until the waters are expelled, and the uterus has contracted forcibly upon the child, it is then very difficult. It is possible in some cases to have counsel early enough, but I do not think any thing should be risked waiting for counsel. I tried it once in the early part of my practice, and my patient lost her life in consequence. The case being clear, as soon as there is sufficient dilatation let the hand be passed into the uterus, grasp the feet and bring them down. One needs to have the steps in the operation clearly fixed in his mind, and then a single five minutes will rectify the wrong.

Judging from my experience, there are but very few cases where the forceps are required. If I were asked to take my choice between right medical treatment and the forceps, in all cases of difficult labor, I should say medicines, though I concede that there is no extractive power in macrotys, lobelia, gelseminum or pulsatilla. In twenty-four years' practice the forceps have been used but twice, and I think this has been the extent of their legitimate requirement. Still it is possible that my practice has been more favorable than others. I am inclined to believe that women raised in comfortable circumstances have easier labors than the poor or the very wealthy.

But, as we may have occasion to use them, it is well to have the entire subject well studied and well practiced. Having the anatomy of the pelvis well in hand, the use of the forceps is practiced upon a manikin, with a wooden head, until the blades of the forceps can be passed and locked without difficulty. Any one can do it, if he will make the preparatory study.

Stillingia Liniment.

Comes a letter from an old student wanting to know the formula for the "Stillingia liniment I recommended so highly in croup," forgetting, probably that he had King's Dispensatory on his shelves, and could find the formula there. But no matter, here it is—℞ Oil of stillingia ʒj., oil of cajeput ʒss., oil of lobelia ʒij., alcohol (98) ʒij. In these days of modern pharmacy it is very difficult to get a fair article of oil of stillingia or lobelia; the best the druggists care to furnish is a dirty tincture—the dirt representing the oil. It is well to look after this a little carefully. By-the-by a pharmacist happening in as the above was written, volunteered the statement that he prepared an ethereal oil of stillingia, which was clear, transparent, and about the consistence of castor-oil, but physicians would not buy it, because it did not look like the evaporated fluid extract they had been used to. (Prof. King says the evaporated tincture is the thing.)

But made of good material it is a most excellent remedy, and one I should not like to do without. I have families who have had their bottle of stillingia liniment in the house for twenty years, and the mother would not rest comfortably if she knew it was empty, or loaned—for people are very much inclined to borrow it. As a remedy in croup it has but one superior—aconite—and I had very much rather trust a patient with the external application of it alone, than with the usual treatment pursued. And yet it may be given internally with advantage, a half drop on a lump of sugar every thirty minutes.

It is also an admirable cough remedy in chronic laryngitis or bronchitis, or from severe cold, or in some cases of phthisis—the cough seeming to come from irritation of the throat, and the sense of irritation being so great that the patient can not keep from coughing. One drop on a lump of sugar, slowly dissolved in the mouth and swallowed, is my method of administration.

Laws Regulating the Practice of Medicine—State Boards of Health.

Again our *regular* neighbors are busying themselves with plans to regulate the practice of medicine by law—such “regulation” being intended to benefit them. Legislatures will be lobbied with, and every effort put forth to pass some *good* bill for this purpose. Many reasons will be adduced why such laws should be passed, and to the casual observer they may seem valid.

To some the argument will be that the people should be protected against quacks, charlatans, and travelling doctors. To others, that they should be protected against patent medicine venders—the dear people need protection.

When the doctor is buttonholed, he will be told that the law is to protect him, and stop uneducated and unqualified persons practicing medicine. “The profession of medicine needs to be elevated, and as it is somewhat overcrowded, and competition is sharp, entrance to it should be made more difficult.”

When the professor in a medical college is argued with, the law is to “benefit us”—first in running into the medical colleges the hundreds who are practicing medicine but have no diplomas, and secondly by enabling “us” to eventually rid ourselves of unpleasant competition. The legislator, if one of the people, is to do it because it is to protect the people against pretenders in medicine. If he belongs to one of the learned professions, it is to be done to elevate a sister profession, and protect them against their undiplomated competitors.

The use of the name “Board of Health” is to impress legislators and the public that the main object of the legislation is to look after the sanitary matters of the state, and use every means to remove causes of disease, and promote the well being of the community.

The fact is, the object of all this legislation is to make a close corporation in medicine, and to advance the interests of the few at the expense of the many. They care nothing for the people, except to make them

employ physicians of this guild, and take such drugs as they may choose to give. They care nothing for the average physician, except to see that he obeys the rules they lay down for his guidance, and does not kick out of the traces.

With some little experience in the past, they to propose make these laws strict, and have salaried officials to enforce them. They understand clearly that the public at large have no interest in the matter, and without this, the law would be a dead letter, as is the present law regulating the practice of medicine in the state of Ohio, and some other states.

Neither will it do to allow men to appeal to courts of law for protection in this matter, for they might obtain their rights by this means, and might punish the members of the guild for oppression in office, or for libel. Thus the proposed laws make the decisions of the Board final, and the free American citizen has no recourse. They are drawn so that this Board shall determine the standing of colleges, and what diplomas shall be received. Its is also to determine a standard of professional conduct, and withdraws its certificate and stops a man's business when it decides that he has been guilty of unprofessional conduct. And the decision of the Board is final, no court can review it or reverse it.

Many a time have I seen your regular doctor steal the patient of an Eclectic or Homœopath, utterly ignoring the attending physician, or possibly cursing him for a "damned quack." This is altogether professional when your *regular* does it, but let you take away his patient, and they will take away your right to practice medicine.

There are probably 1000 physicians in the state of Ohio doing a legitimate business, and having the ordinary success, but yet without diplomas. Some of them have been in practice for many years, and are so situated that attendance on lectures and the obtaining of a diploma is impossible. They must pass the examinations of the Board, or give up their business.

We have always been opposed to class legislation, and we are opposed to it now. It is opposed to the spirit of American institutions; it is opposed to the spirit that should animate every freeman. You cannot make people wise, wealthy or happy by legislation, but you can favor a class at the expense of the public. The same spirit would give us a Board of Moral Health, and a law regulating the practice of theology. And why not? Surely men's souls are of more value than their bodies; in the olden times they looked after this matter. We might also have Boards of Health looking after dealers in provisions, and make a close corporation of the butchers, grocers, and bakers,—the health of the community depends quite as much upon their food as their physic.

My friend, the whole thing is a fraud, a fraud upon the people, and a fraud upon the profession, and especially a fraud upon those who are outside of the regular ranks. It is the duty of every liberal man, and of every one who desires liberty for himself and his fellows to use every effort to present such legislation. See the members of the legislature you know, present the matter to them in this light, and my word for it a majority cannot be obtained in any State of the Union.

Let us all understand clearly the spirit of modern government, which,

as Froude, the eminent historian, well remarks, is based upon this principle—"All men are declared to be equal, and to have equal rights in the commonwealth, and no one is allowed to interfere with his neighbor beyond the narrow limits of the prevention of violence and fraud."

If, now, our *regular* friends cannot be happy without a law, we are prepared to propose the following amendments to the laws as now adopted.

1st. As they have shown a constant disposition to persecute their fellow brethren—"That the said Board shall be composed of three regular, two homœopathic and two eclectic physicians."

2d. That a man may not be arbitrarily deprived of his rights as a citizen—"That all acts of the Board be subject to revision by any court of this State, on application of the person thinking himself aggrieved."

3d. As it is the object to elevate the profession, and as we are all believers in equal rights—"That all medical offices and appointments shall be filled by competitive examinations (the *concour*), due notice being given of such, and all physicians without reference to school, being eligible.

To put ourselves right in this matter, blank petitions will be sent to every eclectic physician in the state, and each one is urged to procure as many signatures as possible, and forward them to this office.

Have Found a Mare's Nest.

Some of our friends have been exceedingly anxious to find the source of Specific Medication—outside the Eclectic ranks—and in this they have shown quite a praiseworthy zeal. If they had made as much effort in the study of medicine to obtain a *new idea* of their own, we should have had great hope for them.

Some one suggested Rademacher, and they all cried out, "We have it." But when they had found a German to read Rademacher for them (for they can hardly manage their own language), they found that it was a false conception. Then it must be Homœopathy, they said, "bastard Homœopathy," one journal kindly remarked, and an effort was made to excite prejudice against it in this way. But this did not work very well, for Eclectics commenced to read Homœopathic books (a good thing), and found that the doctrine of specific medication was different, though there was an agreement for small doses of pleasant medicines for their direct effect.

Now the mare's nest has been found, and the eggs turn out to have been incubated by one John Martin Honingberger, between the years 1815 and 1850. He is thought to "rank with Samuel Thomson, Wooster Beach, Hahnemann and Morrow, and "has built for himself a monument that will tower above the heads of his compeers, as the pyramid of Cheops is loftier than the sphynx."

One of these people "breaks forth into singing," and chastens "those who are now spending their energy in opposing the scientific truths of the renowned John Martin Honingberger," and thinks it would be 'more praiseworthy if they would study this system and practice it.' He thinks it should be christened the "Honingberger System of Medicine," or the "German Reformed System."

We hope something will come of it this time, and that we will be able to glean something from our worthy co-laborer, Honingberger (that is, if we can get a copy of his book). In the mean while, we feel refreshed that our neighbors are showing a kindly regard for specific medication, and are making a steady effort to find a father for it.

The Higher Education.

We hear a great deal about "raising the standard of medical education," and we all agree that it should be raised, and that the way to "raise it" is to increase the college attendance of the student. But we do not all agree that a single protracted session each year—protracted because the lectures are dribbled out three or four a day, with Saturdays and abundance of holidays for loafing—is just the way to do it. A man between the ages of twenty and thirty years should be able to make a day's work of ten or twelve hours, and should ask for no holidays.

Three courses of lectures before graduation is a good thing—four or five or six would be better. A graded course of instruction, if properly pursued, should be especially good, and this is now being advocated. But our *regular* friends claim it all for themselves, and do not give us credit for having made it possible for students some years ago, by a system of scholarships that enabled them to take six courses of lectures at the expense of two.

But there is a spice of wooden nutmeg and saw dust harm in some of this—a sly way of preaching one thing and doing another. As for example, the Chicago Medical College is cited as the first adopting the "graded plan of instruction," and probably all work pretty nearly alike. At first reading one would suppose that all graduates *must* attend three years, but a little further on we read that "students who have read medicine *one full year* may enter for the middle course, and students who have read *two years*, and have attended *one course of lectures* elsewhere, may enter the last course for graduation." Thus in fact two years' reading and two courses of lectures are the requirements for graduation, if the student wills and has fair ability.

We understand the difficulty of getting a longer attendance in college, and higher attainments for graduation, and we are not inclined to throw stones at our neighbors, but we hope that when they are calling over the list of those making the effort, they will not forget the Eclectic Medical Institute.

Plantago Major.

Since we have obtained a good article of plantago we find that it exerts a very marked effect in controlling tooth-ache, especially when teeth are carious, and the pulp is affected. If the cavity is dried, and a pledget of cotton wetted with the tincture introduced, the pain is mitigated in a few minutes. Let this be removed and renewed in half an hour, and we have permanent relief.

The effect is so constant that I am inclined to believe that it will be found useful in other directions. Thus Dr. E. M. Jones found it a most

valuable remedy in the nocturnal enuresis of children. Another physician writes that he cured with it every case of cholera infantum that came into his hands one season. It was used in Asiatic cholera in 1832, with most marked success, in the northern part of this State. It has also been used in very painful erysipelas, and as a local application in mammitis; also in very painful wounds with swelling and redness of the edges.

It is a little singular that we should have had our most reliable preparation from a physician, Dr. Bradley, of Oxford—his own manufacture—but this is not the first case, and suggests that more office pharmacy would be a good thing.

Not our Joseph R. Buchanan.

A subscriber in Texas writes: "I have in possession a rare letter, in shape of a bid from your good and godly old friend, Prof. Buchanan, to a medical student at Turnersville. It seems from this that Prof. B. is hard-pressed for money," etc. The letter reads as follows:—

"511 PINE ST. PHILADELPHIA, Jan. 16, 1879.

"*Dear Doctor:* If you can do no better, send the \$30, and I will send diploma, and if you ever find it convenient to come to college, we will be glad to see you. I am fraternally yours, JOHN BUCHANAN."

We want to say that our Prof. Joseph R. is much too good a man to be engaged in such a business. A gentleman, a scholar, a good teacher of physiology, and a fine speaker, he had the one failing—a system of anthropology—which many thought absurd, but others deemed a century in advance of his time. The woman's church and psychometers were outside issues, like the advocacy of woman suffrage.

Liver-Pads, Kidney-Pads, Lung-Pads, Uterine-Pads.

"And we are all a padding, pad, pad, padding, and we are all a padding our way through the world." If we have a liver-pad; a stomach-pad; a kidney-pad; lungs-pad; uterus or uterine supporter-pad; ague-pad; pad and be saved, pad not, and be damned.

This is the way a doctor is inclined to look at it, and many have said that of all the frauds perpetrated upon an innocent public there is none so gross as the pad fraud. But are we sure we are right in this matter? Cases crop up not unfrequently where persons who have been treated unsuccessfully by good physicians tell us—that "the chronic ague has been cured by an ague pad," "my stomach and liver have been relieved by a pad," "my kidneys have ceased to pain me since I have worn a pad." How is this, is it wholly imaginary, or had we better look into the pad business.

In regard to this matter an old subscriber writes:

Tell Dr. Munk if he thinks the effect of wearing a pad of good, fresh medicine on the stomach is imaginary, to try one made of tobacco on his and I think according to his logic he will demonstrate a soft spot in his own brain. Some of my infantile patients must have had very precocious imaginations. If inunction is good why not pads? I think I understand

the difference between a "*post hoc*" and a "*propter hoc*" as well as any one, and I know a "*propter hoc*" is a hard thing to swear to in medicine, but I firmly believe I have seen most excellent results from wearing "ague pads." If physicians don't want their patients to use patent medicines let them cure them up. I am always glad to get rid of mine when I can't cure them, even if they resort to a patent medicine. I am not looking after Holman or any other patent medicine man, but I do fix up pads, or have my patients do it, and they give good results.

Truly, H. R. BENHAM, M. D.

The Journal.

Our readers will see that we commence a vigorous campaign for the year 1880, and we do not propose to let things flag any month. We have abundance of material, medical and personal, to make things lively, and we are having a new cracker knotted for the journalistic whip, so that it will make music. We are men of peace, wear broad brimmed hats, and say thee and thou to our friends, but the man or school that thinks to sit down on us, had better try a paper of tacks first, point upwards, or swallow a chesnut burr,—they will find it more comfortable.

And yet we hope to have nothing but medical subjects to try our pens on, as it is most profitable for both writer and reader. There is abundance of material, and we are equally interested in having it studied.

Say to your friends, "The Eclectic Medical Journal is a live journal, and works steadily for the advancement of practical medicine, and the good of its patrons." If they wish to subscribe for a medical journal, they cannot do better than to send the \$2 to this office.

The Preparation and Preservation of Cerebral Specimens.

The request occasionally comes by letter that I should put in print a facile method of preparing and preserving the brains of the lower vertebrates. Well, let us first take a fish,—say, the head of a bass the whole body of which weighs two or three pounds. The skull is to be channeled along the upper aspect as deep as the cerebral cavity. The best instrument to execute the channeling is a pair of gouge forceps made for surgical use, and employed to excavate necrosed bone. A carpenter's scratch awl, and a pair of scissors will constitute a set of instruments. It is best to cut a channel near the median line just posterior to the eye-sockets. As soon as the cranial cavity is reached the aperture is to be widened in places, and extended forwards and backwards until the gutter will expose the optic lobes, the cerebellum, the medulla cranialis, the olfactory prolongations in front, and the cerebral bands that connect the olfactory with optic lobes. In the salmon and the shark the connection or hemispherical lobes will exhibit frills or plaitings which are presumed to be rudimentary convolutions. The specimen when thus prepared is to be preserved in alcohol, the vessel being a candy jar or other glass vessel having a wide mouth. The cover may be tin, glass or wood, and made tight with rubber bands or elastic packing. Two or three kinds of fish will do for the beginning of a collection.

The reptile family may be represented by the channeled head of a turtle, a black snake, and a lizzard. If a collector has a friend living as far south as the Red river, he can engage him to send in whisky the head of an aligator that was about three feet in its entire length. The skull of this can be channeled after it has been in whisky or alcohol as well as if the decapitation occurred that day, and even better, for the spirit has hardened the neural mass. The scissors are to snip and excise the meninges when the specimen is otherwise ready to go into the preservative fluid. The scratch awl serves to break off spiculæ of bone adjoining the cranial cavity, and to clear away materials that obscure the channel.

The brains of some of the larger of common birds, can be easily exposed through a wide fissure cut in the top of the skull. The cerebral ganglia of a goose, turkey, and hawk, if well displayed, will do for the commencement of a collection. The cabinet may be enriched from time to time as specimens in the way of species and varieties may be obtained.

Among mammals it would be most interesting to select the head of an opossum, of a raccoon, of a rabbit, of a fox, and of a pig, sheep, or goat. If the brain of a seal or dolphin could be added, the collection would be quite wide in its range.

After the reader has reached this point in the way of preparing and preserving a collection of cerebral specimens, he will have mastered enough to enable him to go on without additional instruction.

There are preservative fluids cheaper than alcohol, but I have learned not to trust a rare and costly specimen in anything but alcohol. Specimens must be well watched, for if the alcohol evaporates and leaves the cerebral ganglia exposed, they will become discolored, unsightly, and ruined. Specimens preserved in glycerine will keep sweet, but they must be taken from their bath to be exhibited: and they are greasy and offensive to handle.

H.

The Illinois State Board of Health and the Eclectic Medical Institute.

The controversy between the Board of Health and this college was settled in Chicago on the 11th inst., after an all day's session, in which the entire scheme of medical education was pretty thoroughly canvassed. The Board of Health passed a rule some eighteen months ago asserting that "no college holding two sessions a year, counting in graduation, should be recognized as in good standing." The Eclectic Medical Institute has been holding two sessions yearly for thirty-five years, and did not propose to go back to one session yearly. The controversy was thus clearly restricted to this one point, but to meet the views of the Board of Health the college determined more than a year ago to hold but one annual commencement, all diplomas being issued in June, though examinations for the winter class were held in January.

The settlement was made on the following proposition:

The Eclectic Medical Institute of Cincinnati, represented here by Dr. Scudder and Dr. Howe, agree to abide by the propositions advanced in the rules of the said Institute, which are, that three years of medical study are required before graduation, and two courses of lectures of twenty

weeks each, and a period of sixteen months at least being occupied by said courses of collegiate instruction, and that the officers of the Institute will give certificates to that effect to graduates of said Institute, and that diplomas shall only be issued in June.

JOHN M. SCUDDER.
A. J. HOWE.

Dr. Bateman offered the following:

Resolved. That, in view of the foregoing, the diplomas of the Eclectic Medical Institute of Cincinnati will be recognized by this Board.

This concedes the right of the Eclectic Medical Institute to hold two sessions yearly, both counting in graduation, providing they are not consecutive sessions. It is all that the Institute claimed, and agrees with its announcements in every point.

Deaths from Chloral.

Not a week passes but what we read of a death from the action of chloral which has been taken as an anodyne or for other medicinal effects. A peculiarity of the destructive action is that a person accustomed to the use of the agent is as liable to ill effects as an individual who has never employed the chemical previously; and it is also a fact that a moderate sized dose will kill a patient who has tolerated large doses on previous occasions. In other words, experience in the use of the drug furnished no safe rules for its administration. Probably a peculiar chemical state of the contents of the stomach has much to do with the action of the remedy.

Chloral being now sold by the apothecaries to the non-professional *ad libitum*; and "nervous people" being in the habit of swallowing the drug for the temporary relief of their multiple disorders, we may reasonably expect an increase of sudden deaths in every community until legal enactments place the sale and use of the dangerous agent under restraint.

As a starter for an educated public sentiment on the employment of the perilous agent, let every physician issue a professional protest against the indiscriminate use of the deadly drug. Perhaps the medicine is prescribed ten times as often as it need to be. Let every therapist avoid using promiscuously a remedy of such potency and uncertainty of action; and advise his patients to have nothing to do with the subtle "nervine." Chloral rarely agrees with the stomach, and often provokes a paroxysm of dyspepsia.

H.

BOOK NOTICES.

ATLAS OF HUMAN ANATOMY. Containing 180 large plates, arranged according to Drs. OESTERREICHER and ERDL, from their original designs from nature, and those of the greatest anatomists of modern times, with full and explanatory texts by J. A. JEANCON, M. D. A. E. WILDE & Co., publishers, Cincinnati. In monthly parts, 75 cts.

The prospectus of this inimitable work has just been issued by the publishers. The plates are almost life size, and no finer, clearer anatomical illustrations could be printed, apparently. Studying them would be next to dissecting the real subject itself. The whole work will contain over a thousand illustrations, there being sometimes six or eight different pictures to one plate. The book will be published in monthly parts, of which

there will be forty-five. Each part will contain four plates and explanatory text. The Atlas is divided into departments, with their accompanying plates, as follows: Osteology, syndesmology, myology, endosmology, angiology, and neurology. The appendix contains plates, illustrative of the following parts: Membranes of the brain and spinal cord, vessels of the pia mater, injected, true origin of the cranial nerves enlarged. The topics of microscopic anatomy, histiology, and embryology will also be duly illustrated with explanatory text.

WANTED.—Subscribers to Prof. J. A. Jeancon's Anatomical Atlas, issued monthly, consists of forty-five parts, each part containing four large plates, with explanatory text. See November Journal, page 533. Price 75cts. per part. Address

DR. T. O. HANNAH, 228 Court St. Cincinnati, Ohio.

FOR SALE.—Good location in Clay Co., Ills. for sale. Good house, stable, office and drug store. Practice worth \$3000. For cash \$1,500. Address

D. H. CHASE, M. D. Hoosier Prairie, Ill.

TO PHYSICIANS.—Please read our four page yearly announcement with care. In addition to the firms named we call attention to Messrs. Richardson & Co. of St. Louis, Mo. and A. O. Tufts, of Sacramento, California, both having a line of our SPECIFIC MEDICINES, supplying the trade at our prices. Respectfully,

MERRELL, THORP & LLOYD, Cincinnati, Ohio.

Receipts for Journal to Dec. 22.

M W Morton 2, H L Wells 2, Geo. D Tinker 2, C Pickett 2, N H Pattin 2, E Warfield 2, W H Smith 2, P F Nice 2, J J Sharp 4, J Polger 2, Geo. Harper 2, G W Hull 2, Eli Tanner 2, M M Printiss 2, J B Henion 2, S Southworth 2, J H Norman 2, A J Redding 2, A Burt 2, I N Doran 2, J Ed. Danelson 2, P O McKinnle 4, T R Kingit 2, F Feltz 2, J E In-skeep 2, D W Scales 2, F W Bayne 4, T H Jones 2, C J Laurent 1, C P Cathcart 2, E P Jones 2, Carl Murray 3, T Q Woodmore 2, J N Tindall 2, J S Leachman 1, L F Stoddard 2, W Fulton 2, E Duke 2, G W Lambert 2, A C Rankin 2, S O Beard 2, D Porter 2, H B Burrell 2, J C Russ 1, J H Fisher 2, H G Slavins 2, C M Oleson 2, J Hulburt 1, W W Royal 4, J H Moore 2, J H Stonebaker 2, W W Hall 2, J L Skinner 50 cts. M G Merriam 1, T J Kisner 4, W P Johnson 2, W A Weyman 2, E S Fessenden 4, E La Turno 2, R H Harris 2, W E Bloyer 50 cts. Drumond & Watkins 4, J A Lee 2, E H Coover 2, T M Prince 2, G S Everts 2, C S Woodmansee 2, S C Danks 2, T J Edwards 2, R M Elliott 2, R J Bower 2, T E Brigham 2, S L Reefy 4, R D Palmer 2, J S Akley 2, M M Fenner 4, G N Petherbridge 2, J A Thompson 4, B A Griffith 3, Y H Jones 2, J P McIntosh 3, T G Roberts 2, B M Savage 2, H C Hardwick 2, J B Harrison 2, H H Aldridge 4, F Doysat 2, W Johnston 1, J Feather 2, C E Phillips 2, W S Walker 2, W T Gemmill 4, F H Knott 2, D H Gavin 2, Jno Hard-tner 4, T A Barr 2, T W Spangler 2, E M Moon 4, J M Potter 2, J A McKleven, 2 J R Lozenby 2, J M Pirtle 4, D H Dungar 2, J M Carey 1, J D McKenzie 2, E Bresee 2, Jas. Turpin 2, A J O'Bannon 2, L H Riley 2, J S Barton 4, J B Lewis 2, J W Shell 2, E Swartz 2, W D Thayer 2, H W Simmons 4, P Howe 3, M Nead 2, A H Thomas 2, S A Pool 2, E D Meeder 2, H H Webster 2, M Giddings 1, J D Pope 2, H Wohlgemuth 2, C Kitchen 2, L T Beam 2, S W Thompson 2, S K Poling 2, L W Clark 2, R M Weir 2, G M Al-duff 4, G H G H McGavrin 4, F A Bayer 2, G W Lewis 2, J A Dix 1, W Moore 1, W H Ensnimger 4, C N Bishoff 2, R S Griffin 2, T H Hunt 2, W C Baird 2, E Penton 2, A H Cross 2, J Hoover 2, F E Whittaker 2, E W McIlister 2, W R Grafford 4, R M Saddler 2, L W Torrey 2, L Golding 2, W H Acuff 2, S F Raymond 2, J Ruhl 4, C H Rose 4, R W Lindsay 2, A Canfield 4, W W Stewart 2, E I. Church 2, S D Miranda 2, S Faraday 2, W A Allen 4, F M Corya 2, J T Kent 2, G C Getty 1, C Beeson 2, G C Dennis 2, J D Edgar 2, W H Woolard 4, H Tubbs 2, J M Hull 2, F I Buchanan 2, Thomas Tanner 2, J M Stephens 2, J T Williams 2, W A White 2, J Young 2, G W Petherbridge 2, H DeCrow 2, J D Burns 2, M B Eaton 2, G Fordham 2, S Gaskins 1, J S Weaver 4, W S Wright 2, J M McCasland 2, G W Mathe- 2, H K Cunningham 2, D W Calahan 3, Howell & Sharples 4, L Tozer 4, J K Smith 2, A Blugley 2, D M King 2, J E Callaway 2, L C Lybarger 2, R Williams 2, L M Foster 2, J D Young 4, W E Woodell 2, W Lowrance 2, C H Lutes 2, J S Kenyon 2, W F Curryer 2, C R Hunt 2, J Slavins 2, J J Bricker 2, A Williams 2, G W Homsher 2, H W Dickenson 2, H B Shaffer 1, H F Williams 2, I H Sale 2, C H Cannon 2, I Weltse 2, S R Welpley 2, B E Wheller 1, J Louden 2, S K Lake 2, T C Green 3, S Keeler 2, A H Collins 2, J Cutler 2, T A Joyner 2.

Wm. S. Merrell & Co.'s Green Plant Fluid Extracts.

Standard of Strength—Sixteen Troy Ounces of the Drug
to the Fluid Pint.

The following list embraces many of the more important remedies from plants of American growth, the medicinal qualities of which are known to be injured by the *drying process*; in all such cases we use the *Green or Fresh Root, Bark or Plant*, gathered specially for us when in its prime. Some kinds are prepared *FRESH*; others partially or wholly dried, but all gathered especially for our Laboratory; carefully handled; and immediately prepared into Fluid Extracts. The menstruum employed is *Alcohol* selected for *strength and purity*, whereby the non-medicinal elements are rejected, and the liability to deterioration avoided.

The reputation of our Green Plant Preparations is so well established, and their superior merit so apparent to all Physicians who have tested them in their practice, that we place them in a special list, in order that those who wish to give them a trial in comparison with other preparations may see at a glance what articles are included in this line.

The additional cost of procuring the crude material at the right season, and the fact that strong Alcohol is used in nearly every instance, compels a slight advance over the price of the same remedies when made from the *dry drug* of commerce.

These Fluid Medicines are supplied largely to Homœopathic Pharmacies; and have the unqualified endorsement of many prominent members of this branch of the Profession.

When ordered in less quantities than one pound, we add 20 cents per lb. in quarters; and 10 cents in half pound packages.

— NET PRICES. —

	Per lb.
Ailanthus	\$2 25
Arbor Vitæ	<i>Thuja Occidentalis</i> 1 50
Bearsfoot	<i>Polymnia Uvedalia</i> 2 00
Berberis Aquifol.....	3 00
Black Haw Bark.....	<i>Viburnum Prunifolium</i> 1 25
Black Root.....	<i>Leptandra Virg</i> 1 25
Blue Flag	<i>Iris Versicolor</i> 1 25
Bugle Sweet.....	<i>Lycopus Virginicus</i> 1 25
Butternut	<i>Juglans Cinerea</i> 1 00
Cactus Grandiflor	Green Plant..... 6 00
Cactus Grandiflor	Fresh Flowers, Imported 10 00
Celendine Garden.....	<i>Chelidonium Majus</i> 1 25
Cereus Bonplandi.....	Green Plant..... 6 00
Cohosh, Black	<i>Macrotys Ras</i> 1 35
Cotton Root Bark.....	<i>Gossypium</i> 2 00
Euphorbia Hypericifolia.....	Substitute for Ipecac 2 00
Evening Primrose	<i>Oenothera Biennis</i> 2 00
Fringe Tree Bark	<i>Chionanthus Virg</i> 2 00
Gelsemium.....	<i>Gelsemium Semp</i> 2 00
Grindelia Robusta	2 50
Grindelia Squarosa	2 00
Hellebore Amer.....	<i>Veratrum Vir</i> 1 50
Indian Turnip	<i>Arum Tryph</i> 1 25
Ladies' Slipper	<i>Cypripedium Pub</i> 1 50
Life Root	<i>Senecio Gracilis</i> 1 25

[Next page.]

Green Plant Fluid Extracts—Continued.

Lobelia, Herb.....	<i>Lobelia Inf.</i>	1 25
Peach Leaves	<i>Amygdalus Persica</i>	1 25
Penthorum Sedoides	<i>Virginia Stone Crop</i>	2 50
Pleurisy Root.....	<i>Asclepius Tub.</i>	1 25
Poison Oak	<i>Rhus Toxicodendron</i>	2 50
Poke Root	<i>Phytolacca Dec.</i>	1 25
Ptelea.....	See Wafer Ash Bark.....	1 25
Scull Cap	<i>Scutellaria Lat.</i>	1 50
Skunk Cabbage	<i>Symplocarpus</i>	1 00
Stillingia Root.....	<i>Stillingia Syl.</i>	1 75
Stone Root.....	<i>Collinsonia Can.</i>	1 25
Stramonium Leaves.....	<i>Datura Stram.</i>	1 05
Turkey Corn	<i>Corydalis Formosa</i>	2 00
Unicorn Root, True.....	<i>Alatis For.</i>	2 00
Unicorn Root, False.....	<i>Helonias Dis.</i>	2 00
Virginia Stone Crop	See Penthorum Sed.....	2 50
Wafer Ash Bark.....	Ptelea Trifol.....	1 25
Wahoo, Bark of Root	<i>Euonymus At.</i>	1 50
Water Eryngo.....	<i>Eryngium Aquat.</i>	1 75
Water Pepper.....	<i>Polygonum Punct.</i>	75
Wickup Herb.....	<i>Epilobium Palustre</i>	1 75
Wild Indigo.....	<i>Baptisia Tinct.</i>	1 05
Yerba Reuma.....	<i>Frankenia Grand.</i>	2 70
Yerba Santa.....	<i>Eriodictyon Glutinosa</i>	2 70

A Green Label will hereafter distinguish these Fresh Plant Preparations from our other Fluid Extracts.

N. B.—In ordering any of the remedies embraced in this List, from other dealers, be careful to make it clearly understood that you want the Green Plant Preparations of Wm. S. Merrell & Co.

Fluid Hydrastis.

The Great Tonic and Corrector of all the Mucous Surfaces.

Prof. Harrison, of Bennett Medical College, in a recent number of "*Chicago Medical Times*," says:

"One of the most important additions to our list of remedial agents is the preparation of Hydrastis Canadensis, by Wm. S. Merrell & Co. of Cincinnati, known as "*Fluid Hydrastis*."

* * * * * As a local application in gonorrhea, it has given us such decided results that it now forms the basis of nearly every prescription for that too common disorder. For example:

℞	Fluid Hydrastis,	-	-	-	-	-	℥i—ii
	Sulphate of Zinc,	-	-	-	-	-	grs. v—x.
	Water, ad.	-	-	-	-	-	℥iv.

M. Sig. Inject ℥i night and morning after urinating."

Dr. J. J. Lawrence, of St. Louis, in the March number of his journal, "*The Medical Brief*," says:

"The editor of this journal has largely prescribed the *Fluid Hydrastis*, prepared by Wm. S. Merrell & Co. of Cincinnati; and can commend it to the Profession as a very valuable preparation in hepatic dyspepsia and all affections of the mucous surfaces. It is deprived of the resinoid principle; and can be used where the ordinary preparations of Hydrastis would be wholly inadmissible."

"No remedy has been received with such universal approval in so short a period of time."

WM. S. MERRELL & CO.

Pharmaceutical Chemists, Cincinnati.

BENZOATE OF SODIUM. The newly introduced remedy for treatment of tuberculosis, etc., net to physicians at 60 cents per ounce by mail. This we make from pure *benzoic acid* prepared from gum benzoin instead of the commercial benzoic acid, which is usually made from the urine of horses and cattle, and is unfit for medical use.

SALICYLIC ACID. From pure wintergreen oil. This we send also by mail at 40 cents per ounce. We receive the most flattering reports of the action of our pure wintergreen acid, where that made from *carbolic* and proved objectionable.

FL. EXT. DAMIANA. We prepare this from the true *damiana*, *turnera microphylla*, and ask physicians to remember that a false plant (*Aplopappus discoid-*) is upon the market and largely sold for the above.

HUXAM'S TINCT. OF BARK. This is made according to the original formula and contains the saffron and red saunders now omitted from the official *compound tincture of cinchona*.

Many physicians prefer the original "Huxam's Tincture" and we prepare it for their accommodation.

BENZOATE OF LITHIUM. This has been in use some years as a remedy in certain gouty affections and in diseases of the urinary organs. We call attention to the fact that the article prepared by us is made from benzoic acid from gum benzoin instead of that from urine.

FL. EXT. ERGOT. Our fluid extract of ergot is in great demand. We use the greatest care in selection of material and in its manipulation. We ask a comparison with the make that has the highest reputation of any upon the market. We warrant our extract equal to any.

FL. EXT. GOSSYPIUM. COTTON ROOT BARK. This extract is made from the fresh bark preserved with alcohol. It is of a dark red color, has the odor and taste of the fresh bark, and in every way is an accurate representative of its medicinal virtues.

We ask physicians to remember that we have been supplying the medical profession with all the remedies in use for more than a quarter of a century. We have a reputation for dealing only in pure medicines, and from this stand we solicit patronage. We do not compete in any way with inferior drugs, fluid extracts made with water and worthless materials, or the prices offered by shoddy manufacturers. Our competition is among manufacturers that have first-class reputations and we do not care to have any words with others. We refer all physicians to the old standard manufacturers and druggists as to the standing of our preparations. We have just issued (date Jan. 1st, 1880), a complete price list for physicians' use, and ask the reader to send for it at once. We furnish the entire line of gelatine coated pills made by McKesson & Robbins at their lowest price. Send your orders to

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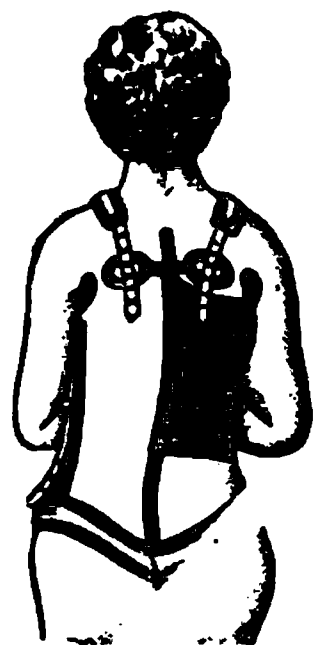
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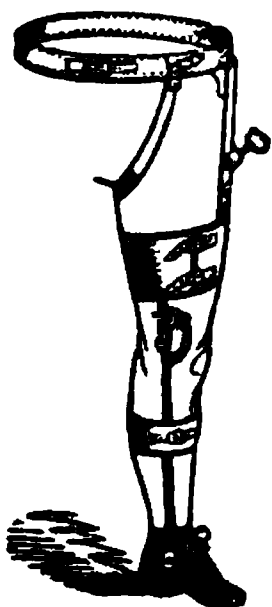
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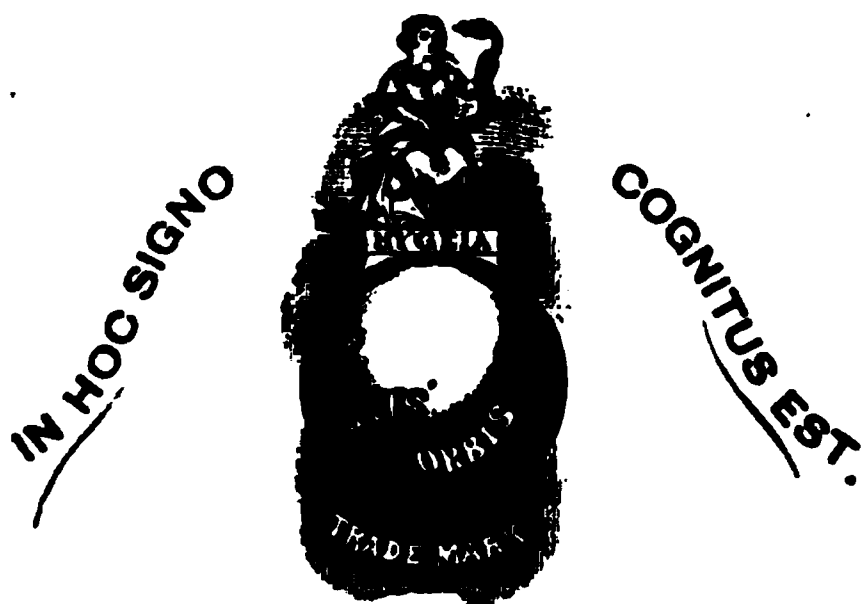
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DOSE.—One pill, two or three times a day, at meals.

THERAPEUTICS.—When deemed expedient to prescribe phosphorus alone, these pills will constitute a convenient and safe method of administering it.

2.—PIL. PHOSPHORI CO.

[Warner & Co.]

Rx Phosphori, 1-100 gr ; Ext. Nucis Vomicae, $\frac{1}{4}$ gr.

DOSE.—One or two pills, to be taken three times a day, after meals.

THERAPEUTICS.—As a nerve tonic and stimulant this form of pill is well adapted for such nervous disorders as are associated with impaired nutrition and spinal debility, increasing the appetite and stimulating digestion.

3.—PIL. PHOSPHORI CUM NUC. VOM.

[Warner & Co.]

Rx Phosphori, 1-50 gr.; Ext Nucis Vom., $\frac{1}{2}$ gr.

DOSE —One or two, three times a day, at meals.

THERAPEUTICS —This pill is especially applicable to *atonic dyspepsia*, depression, and in exhaustion from overwork, or fatigue of the mind. PHOSPHORUS and NUX VOMICA are *sexual stimulants*, but their use requires circumspection as to the dose which should be given. As a general rule, they should not be continued for more than two or three weeks at a time, one or two pills being taken three times a day.

4.—PIL. PHOSPHORI CUM FERRO.

[Warner & Co.]

Rx Phosphori, 1-50 gr.; Ferri Redacti, 1 gr.

DOSE. —*For Adults* —Two, twice or three times a day, at meals ; *for children between 8 and 12 years of age*—one, twice or three times daily, with food.

THERAPEUTICS.—This combination is particularly indicated in *consumption*, *scrofula* and the *scrofulous* diseases and debilitated and anæmic condition of children ; and in *anæmia*, *chlorosis*, *sciatica*, and other forms of neuralgia ; also in carbuncles, boils, etc. It may be administered also to a patient under cod-liver oil treatment.

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5.—PIL. PHOSPHORI CUM FERRO ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nucis Vom., $\frac{1}{4}$ gr.

Dose.—One or two pills may be taken three times a day, at meals.

THERAPEUTICS.—This pill is applicable to conditions referred to in the previous paragraph as well as to anæmic conditions generally, to sexual weakness, neuralgia in dissipated patients, etc.; and Mr. Hogg considers it of great value in atrophy of the optic nerve.

6.—PIL. PHOSPHORI CUM FERRO ET QUINIA. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Quiniæ Sulph., 1 gr.

Dose.—One pill may be taken three times a day, at meals.

THERAPEUTICS.—PHOSPHORUS increases the tonic action of the iron and quinine, in addition to its specific action on the nervous system. In general debility, cerebral anæmia, and spinal irritation, this combination is especially indicated.

7.—PIL. PHOSPHORI CUM FERRO ET QUINIA ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nuc. Vom., $\frac{1}{4}$ gr.; Quinæ Sul., 1 gr.

Dose.—One pill, to be taken three times a day, at meals.

THERAPEUTICS.—The therapeutic action of this combination of tonics, augmented by the specific effect of phosphorus, on the nervous system, may be readily appreciated.

8.—PIL. PHOSPHORI CUM QUINIA. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Quiniæ Sulph., 1 gr.

Dose.—*For Adults*—Two pills may be given to an adult twice or three times a day, with food; and one pill, three times a day, to a child from 8 to 10 years of age.

THERAPEUTICS.—This pill improves the tone of the digestive organs, and is a general tonic to the whole nervous system.

9.—PIL. PHOSPHORI CUM QUINIA CO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ferri Redacti, 1 gr.; Quiniæ Sulph., $\frac{1}{2}$ gr.; Strychniæ, 1-50 gr.

Dose.—One pill, to be taken three times a day, at meals.

THERAPEUTICS.—This excellent combination of tonics is indicated in a large class of nervous disorders accompanied with anæmia, debility, etc., especially when dependent on dissipation, overwork, etc. Each ingredient is capable of making a powerful tonic impression in these cases.

10.—PIL. PHOSPHORI CUM QUINIA ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Quiniæ Sulph., 1 gr.; Ext. Nucis Vom., $\frac{1}{4}$ gr.

Dose.—One or two pills may be given to an adult twice or three times a day, at meals; to children, from 8 to 12 years of age, one pill, two or three times a day,

THERAPEUTICS.—The therapeutic virtues of this combination do not need special mention.

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WARNER & CO.'S PHOSPHORUS PILLS.

11.—PIL. PHOSPHORI CUM QUINIA ET DIGITAL. CO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Quiniæ Sulph., $\frac{1}{2}$ gr.; Pulv. Digitalis, $\frac{1}{2}$ gr.; Pulv. Opil, $\frac{1}{4}$ gr.; Pulv. Ipecac., $\frac{1}{4}$ gr.

Dose.—One or two pills may be taken three or four times daily, at meals.

THERAPEUTICS.—This combination is especially valuable in cases of consumption, accompanied daily with periodical febrile symptoms, quinine and digitalis exerting a specific action in reducing animal heat. Digitalis should, however, be prescribed only under the advice of a physician.

12.—PIL. PHOSPHORI CUM DIGITAL. CO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Pulv. Digitalis, 1 gr.; Ext. Hyoscyami, 1 gr.

Dose.—One pill may be taken three or four times in twenty-four hours.

THERAPEUTICS.—The effect of digitalis as a cardiac tonic renders it particularly applicable, in combination with phosphorus, in cases of overwork, attended with derangement of the heart's action. In excessive irritability of the nervous system, in *palpitation of the heart valvular disease aneurism, etc.*, it may be employed beneficially, while the diuretic action of digitalis renders it applicable to various forms of dropsy. The same caution in regard to the use of digitalis may be repeated here.

13.—PIL. PHOSPHORI CUM DIGITAL. ET FERRO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Pulv. Digitalis, 1 gr.; Ferri Redacti, 1 gr.

Dose.—One pill, to be taken three or four times a day, at meals.

THERAPEUTICS.—This combination may be employed in the cases referred to in the previous paragraph, especially when accompanied with anæmia.

14.—PIL. PHOSPHORI CUM CANNABE INDICA. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Cannabis Ind., $\frac{1}{4}$ gr.

Dose.—One or two pills, to be taken twice or three times a day, at meals.

THERAPEUTICS.—The Indian Hemp is added as a calmative and soporific in cases in which morphia is inadmissible from idiosyncrasy or other cause, as well as for its aphrodisiac effect.

15.—PIL. PHOSPHORI CUM MORPHIA ET ZINCI VAL. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Morphine Sulph., 1-12 gr.; Zinc. Valer., 1 gr.

Dose.—One pill may be taken twice or thrice daily, or two, at bedtime.

THERAPEUTICS.—Applicable in consumption attended with nervous irritability and annoying cough; in hysterical cough and neuralgia it may be given at the same time with *cod liver oil*.

16.—PIL. PHOSPHORI CUM ALOE ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Aloes Aquosæ' $\frac{1}{4}$ gr.; Ext. Nucis Vomice, $\frac{1}{4}$ gr.

Dose.—One may be given daily at or immediately after dinner.

THERAPEUTICS.—In *atonic dyspepsia, neuroses of the stomach, hypochondria and constipation*, this combination fulfils important indications.

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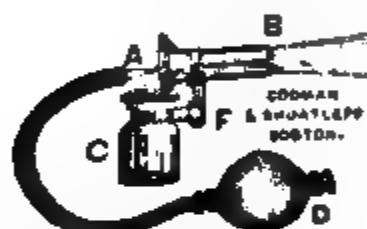
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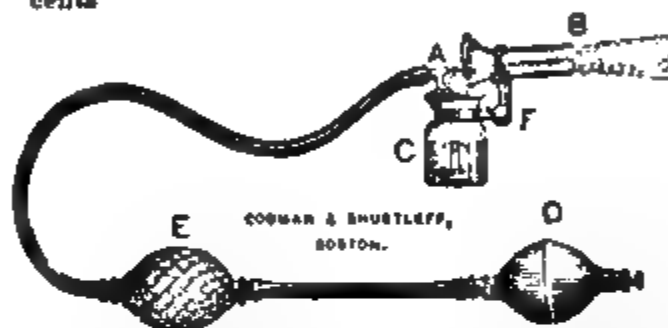
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2

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† Phosphorus should be administered with care, and only by the direction of a Physician. It should be given immediately after meals, and if digestive troubles supervene, its use, discontinued for a short time.—WILLIAM R. WARNER & CO., 1228 MARKET STREET, PHILADELPHIA.

PARVULES ^{OF} PODOPHYLLIN.

Habitual Constipation, Torpid Liver and Dyspepsia.—Habitual constipation is a very common, and often a very difficult condition to overcome. Almost every journal contains formula and suggestions from the experience of practitioners promising much, but as a rule resulting in disappointment. We have for the last twelve months been using, with great satisfaction, minute doses of podophyllin, as contained in the *parvules* of Wm. R. Warner & Co., of Philadelphia. We give only two parvules regularly three times a day. The podophyllin in powder does not seem to be so efficient. Why this is so, we cannot tell; perhaps it is the trituration, or something in the method of preparation; or it may be the purity of the article used by this staunch and reliable House, whose fame in the preparation of sugar-coated pills is world-wide. The effect of these parvules, given as above, is simply to re-establish and regulate the peristaltic action, producing one easy, slightly softened and apparently natural dejection daily. It also imparts tone to the liver, invigorates the digestive function, relieves hemorrhoids if they exist, and improves the general health.

We have also used many other remedies in these parvules, and find them very convenient for grading the dose to any desired quantity; a saving of trouble in mixing and compounding, and what is very desirable, have found them in every instance to be pure, reliable and efficient in action. Their parvules of aloin are also excellent, as four of them can be taken with the same purgative effect as a like number of cathartic pills, and for administration to children, they are very convenient. Parvules of calomel, one-tenth grain, given in doses of two every two hours until five or six doses are taken, comprising one-half grain of calomel only, produce bilious evacuations and move the liver in a manner more satisfactory than ten grains of calomel as ordinarily given. As a class of remedies, we regard these parvules as very convenient and satisfactory.—*Southern Medical Record*, April 20, 1879.

SOLUBLE SUGAR-COATED PILLS OF SOLUBLE BI-SULPH. OF QUININE,

MADE OF PURE MATERIAL,

PREPARED BY

WILLIAM R. WARNER & CO.

MANUFACTURERS OF PHYSICIANS' AND HOSPITAL SUPPLIES,

1228 MARKET STREET,

PHILADELPHIA.

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ORIGINAL COMMUNICATIONS.

Art. XIII. — *Medicine and Special Legislation.* By JOHN KING, M. D.

Some forty or fifty years ago, the Allopaths of that period had legislative enactments in nearly every State in the Union, prohibiting any and every person not of their school from practising medicine or surgery, under certain penalties. They thus reduced the public to an alternative of employing them or to have no physician at all. "You must take our medicine, you must be treated by our mode of practice, for nobody else except one of us shall doctor you; if we can not cure you, you must die, you can not have any body else." This was the purport of the laws they procured, and the consequences of such legislation was illiberality, misrepresentation, and persecution, towards all who dared to think or act for themselves in medical matters.

The attention of our various legislatures having been called to this obnoxious legislation, and to these despotic laws, they were not slow to ascertain that the constitution of these United States guarantees equally to every individual citizen certain inalienable rights and privileges, and that if, by legislative enactments, any citizen be deprived of the exercise of such rights under certain penalties, and the exclusive privilege to exercise them be granted to another, such a law or enactment must necessarily be unconstitutional, and could not be sustained by any court or jury.

They also observed that, for certain individuals to have the exclusive privilege granted to them by law to exercise any art, trade, or profession, with all the advantages to be derived from it, whilst others, equally competent and as well qualified, should be debarred from it under certain penalties, was not only unjust towards the public at large, but that it laid the foundation of an odious monopoly, with all its aristocratical, dictatorial, and dogmatic power. Certainly no particular science could be benefited in this way, as the security which such monopolists would feel

by legal protection. would beget an indifference and carelessness that would effectually serve to produce a retrograde rather than a progressive action.

Would the intelligent citizens of any commercial city in the United States quietly and patiently submit, and consider it right, that the legislature of their State should enact a law granting to A. B., G. T., C. R., and such persons as they chose to authorize, the exclusive right to purchase and sell all the flour that came to their market, prohibiting all others from doing so, under severe penalties? And further, that the said A. B., G. T., and C. R., should have full power and authority to furnish the kind and quality of flour they pleased, and charge the prices they saw fit; that they should likewise direct and instruct how it should be prepared, used or applied, and any other person doing so should be subject to prosecution, and adjudged guilty of an offense punishable by fine and imprisonment, or perhaps (through clemency), in lieu thereof, they should not be entitled to "*receive any compensation for their services.*" Would such a law be an imposition on the people? Would it not be possible for A. B., G. T., C. R., and their associates, to impose upon the public? If the flour was dear, bad, or unhealthy, how would the citizens help themselves? No other than these gentlemen, and those they may authorize, are permitted to sell it: it is, take that or none.

"The liberty of expressing our sentiments and feelings by the use of the tongue and pen, while we keep the peace and keep the truth on our side, is one of the privileges which we enjoy as freemen. But he whose feelings and actions are limited to a circle prescribed by *others*, is not a *freeman*, but a *slave*. It may be the shackles of a party which are upon him, but still he is in bondage."

Guided by these views, our several legislatures, in time, repealed these arbitrary laws in their respective States, the sole law relative thereto, and the only one that should exist upon our statute books, being *penalty for malpractice*. The law can not furnish brains, skill, nor genius, nor has it any claim to recognize how or where an individual obtained his knowledge or ability, so long as this knowledge proves useful and not injurious.

This deprivation of legal backing was greater than our old school physicians could bear; it did not give them the superiority over other schools of medicine which they would have the public believe; consequently, considering it a good epoch after our late war which had freed the blacks, to enslave the public and physicians not of their school, they have been assiduously occupied for the last ten or twelve years in devising shrewd measures for regaining their lost power and authority, and in endeavoring to secure special legislation to suit their own ends, carefully concealing the fact, from themselves and others, that special legislation is a curse to any country. Under the pretense of a kindly feeling towards the public, of a desire to lessen their sufferings, improve their health, promote their longevity, and to meliorate and elevate the standard of the medical profession, they have annually intruded their prayers and petitions upon the Legislatures of our several States, asking for special powers. If they have failed at one session, they have perseveringly renewed their efforts

year after year; if they have succeeded, the very next and subsequent sessions have found them pressing for more legislative enactment, for more power, that, in this manner they might, from one session to another, gradually and imperceptibly attain their real object—the wiping out of all medical schools save their own.

A departed patriot, though dead, still speaks and admonishes us as follows: “Let me exhort and conjure you never to suffer an invasion of your political constitution, however minute the instance may appear, to pass, by without the most determined and persevering resistance. One precedent creates another. They soon accumulate and constitute law. What yesterday was fact, to-day is doctrine. Examples are supposed to justify the most dangerous measures; and where they do not suit exactly, the defect is supplied by analogy. Be assured that the laws which protect our civil rights grow out of the constitution, and they must fall or flourish with it. This is not the cause of faction or of party, or of any individual, but *the common interest of every man in the nation.*”

We have been led to these remarks from the reading of the following petition, carefully prepared, printed, and distributed throughout the State, by allopathic or old school physicians, for the furtherance of sinister purposes heretofore alluded to. Upon its face it is a very innocent paper, very ingeniously gotten up, and would, unless closely read and considered, be viewed as a very proper and desirable thing. Special legislation is here petitioned for, and special legislation means license. License implies a legal privilege to do that which every body else is prohibited from doing; and it generally implies that the licensed are legally responsible for the faithful performance of that which they have been authorized by license to do. The giving, or what is more common, the selling of licenses, is always preceded by restricting laws—laws which prohibit the people from doing that which they want done—which it is necessary should be done. Restrictive laws are enacted for purposes of revenue; generally for the purpose of taxing the people, indirectly, for the support of the governments that make the laws; but sometimes as a grant, a special grant or privilege to particular individuals or classes of individuals. Licenses sold by a government, such as butchers', cabmen's, draymen's, etc.; licenses for selling spirituous liquors, gunpowder, etc., and the appointment of inspectors, are of the former class. They are sold for purposes of revenue, of indirect taxation. Whatever may be the pretext for making these restrictive laws—whether it be the promotion of morals, the health of the people, or public security—or whatever may be the method adopted to obtain the consequent revenue—whether by selling a license for a specified sum, or by receiving a percentage on what the licensed party collects under the license, their character is not changed, they are for revenue by indirect taxation, and the individuals holding inspectors' “warrants,” or licenses, which they have bought, are held responsible for their deeds, performed under the authority thus derived.

Licenses for engaging in a particular trade or profession, in a particular place, where the members of the particular trade or profession are authorized to grant or sell the license, are of the latter class. They are

special grants, or privileges granted to particular individuals or classes for their especial benefit,—as, with the petition of Allopaths heretofore referred to, whatever may be the pretext offered, and set forth as a justification for such special legislation, whether it be the promotion or the protection of mechanics, as was set forth in Great Britain, as a reason for prohibiting every man from commencing business as a mechanic, until he had labored at the business through a seven years apprenticeship and received a certificate or license to that effect, from those who live by the same trade; or, whether it be the protection of the public against imposition, as set forth by the physicians of this country, the character of the grant is not altered; it is a special privilege, to levy an indirect tax, and to collect it. It is of feudal origin, and is based on the assumption that man is not capable of taking care of himself, therefore he needs a master or law to take care of him, and point out what he must and must not do.

"Petition to the Honorable, the General Assembly of the State of Ohio :

The humble petition of the undersigned physicians and surgeons of the County of——, of the State of Ohio, respectfully sheweth :

Whereas, it is a conceded and accepted fact that the welfare and prosperity of any State is largely dependent on the enlightenment of its citizens and their obedience to known sanitary and hygienic laws, and

Whereas, there exists neither board, commissioners or officers in this state whose function it should be to collect the vital and mortuary statistics of the state, or to enforce quarantine regulations in cases of wide spreading epidemic diseases, and

Whereas, the citizens of the State naturally and very properly look to the educated physicians and surgeons of the state as their advisors in all matters pertaining to hygienic and sanitary laws, and

Whereas, such physicians and surgeons should be properly qualified by reason of their special education, training and occupation to be the conservators of the lives and health of the people, and

Whereas, there is no statute in the laws of the State of Ohio creating a State Board of Health :

Therefore, we, your petitioners, do humbly pray that you enact a law creating a State Board of Health, and empowering the said board to collect the vital and mortuary statistics of the state, enforce quarantine regulations in case of wide spreading epidemics, and to adopt known hygienic laws and regulations for enforcement among and by the people, and who shall have power to regulate the practice of medicine within the state.

And your petitioners as in duty bound, will ever pray."

We will now give a brief glance at the petition, and close our remarks. Critically read, this petition is a curious document. The first "whereas" is a glittering, sophomoric generality. The second, is in part, at least, untrue, as the Annual Reports of the Secretary of the State will show. The third and fourth must be taken together, and mean, if they mean anything, that "educated physicians and surgeons" should be properly qualified. The fifth, merely stating that there is no law providing for a State Board of Health, brings us to the "Therefore", and prayer, the gist of which is found in the "to adopt known hygienic laws and regulations for enforcement among and by the people"—or in other words to compel the people to eat, drink, wear, exercise, sleep, etc., as shall be ordered by said Board of Health, when they have adopted known hygienic laws, to

say nothing of the unknown. But the paramount object of the petition plainly appears in the words "*who shall have power to regulate the practice of medicine within the State,*"—sanitary regulations, epidemics, vital and mortuary statistics being nothing more than a thin glossing or sugar coating of that old scheme to bolster up by legislation a school of medicine thus confessedly unable to exist by its own merits.

As the principles and practice of medicine are by no means perfect, the views and hypotheses of to-day being over-turned by those of to-morrow, and so on, thus effecting great changes in medicine every thirty or forty years; as humanity appears to be as uncertain among preachers, lawyers, and physicians, as among other classes of people; where shall medical men be found so perfect and infallible in all matters pertaining to medicine, so thorough in purity, honesty, and disinterestedness, as to render them worthy and capable members of such a Board of Health, or to entitle them to our confidence in controlling the morals of the people, in enforcing the known laws of hygiene, and in regulating the practice of medicine?

By what standard will they regulate the practice of medicine—Allopathic, Homœopathic, or Eclectic? By what code of ethics will they be governed, that of Allopathy, which is not recognized by Homœopaths and Eclectics, or that of either of the latter, not recognized by Allopaths? Shall this Board consist of an equal number from each school of medicine, or will Allopaths have such a lion's share, as will enable them to shape matters to suit themselves and accomplish their base designs? Would it not be advisable for them to petition for an Inquisition, with all the instruments of torture, with which they may punish those who do not think, believe, and act, according to their dictation?

This nation has had a lively and energetic existence for 100 years without a Board of Health in its States. There is no necessity for such a Board in this or any other state to gather vital and mortuary statistics, as that duty is performed by the Secretary of State; nor for enforcing sanitary regulations during epidemics, nor at other times, as that has been, and can continue to be done, much better by local Boards and municipal authorities. The past Legislatures of this State have been too wise and liberal to be caught in these Allopathic medical traps so cunningly devised for them to step into, and we opine that our present Legislature is equally as sharp.

Art. XIV.—Hip Disease and Resection. By A. J. Howe, M. D.

In a recent discussion before the *Clinical Society of London*, the subject of resection for the cure of *morbus coxarius* in its advanced stages, received a pretty thorough handling; and the expressed opinions of the best London surgeons make tolerably interesting reading for those practitioners who, from reading the "reports" of Dr. Sayre, have been led to suppose that excision of the carious head of the femur has become the legitimate surgical procedure in the management of average cases of hip disease. And, in addition, Dr. Bryant put to the blush those who talk flippantly about "sub-periosteal" operations.

Mr. J. Croft reported a case of excision, and formulated the following rules for action: "1. When there is fluid in the joint, antiseptic incision should be made as if the surgeon intended to excise, and he should only desist on finding the articular structures in a condition from which they could rapidly recover, and yield a movable joint. 2. When pus is known to be present, even if the surgeon is uncertain with regard to the state of the bone, he should excise. 3. If the surgeon is certain that necrosis has occurred, he should certainly excise."

Mr. Croft described the operation he performed as *sub-periosteal*, and Mr. Bryant rejoined as follows: "I can not understand how Mr. Croft could describe his operation as a sub-periosteal one, for necrosed bone must be devoid of any such covering. I have never satisfactorily succeeded in sub-periosteal operations for excision, and regard the term as a mere ornamental expression to which no actual meaning can be attached. Such an operation can only be performed on a healthy subject, and therefore must of necessity be an improper one." Furthermore he strongly dissented from Mr. Croft's opinion that it is right to cut down into a joint, except on the strongest clinical evidence of disease, and the existence of pus. He thought excision should be done when the existence of necrosis was quite certain, but as long as the head of the femur is in the acetabulum, it is not possible to tell with certainty if dead bone exist or not. With indubitable proof of this, it is right to cut into the joint, and follow this up with resection. He had been disappointed with the results of resection in his own practice, the resected limb being only a poor substitute for a perfect one

Mr. Jonathan Hutchinson said that he had witnessed many cases in which the most dexterous surgeons had operated, but had never been enthusiastic in favor of the proceeding. Many operations had failed to do any good at all, and in others only temporary benefit was secured. He placed much reliance upon counter irritation over the seat of the affection in the early stage. He recommended the covering of the whole joint with tincture of capsicum, over which an oiled silk protective should be laid.

The above constitutes the practical part of the discussion, and that is about all the ordinary practitioner cares to read. And it is to be borne in mind, that Drs. Bryant and Hutchinson are two of the most reliable surgeons in London, from whom to gather information in regard to the management of articular diseases.

In the incipient stages of hip disease, I commend the internal use of sulphur, twice a week; the daily administration of the syrup of lactophosphate of lime, in a half-teaspoonful of which there shall be about a drop of Fowler's solution of arsenic. A dose—half-teaspoonful of the mixture—should be repeated every three hours. A liniment composed of equal parts of the tinctures of capsicum and aconite should be rubbed on the skin covering the region of the joint twice a day. The most nutritious, easily digested, and assimilable of foods should be ordered. No dietetic course would suit all cases. Cod-liver oil will occasionally do, but not often. Cream is one of the best nutrients.

Art. XV.—*Then and Now.* By T. W. MILLS, M. D., Schell City, Mo.

We, as members of the medical profession, and especially as Eclectics, are interested in the aim and progress of our calling. Our object in plying our vocation is multiform; that is, we have several reasons or objects in view in practising medicine. The first and most important object is to relieve suffering, prolong, and in some instances save life. Then come the following: to make our medication as pleasant to the patient as possible; to accumulate sufficient filthy lucre to live comfortably and provide for our families; to gain prestige in society, to be respected and honored by our fellow men; and to enlarge our intellectual and moral capacities, so that we can enjoy life in its fullest sense.

Which one of the foregoing objects predominates in each of your hearts, no doubt varies with each individual according to his natural disposition and education. The reason that I have placed pleasant and efficient medication as the first and most important is, that all of the others seem to depend upon it as necessary for their attainment.

Now that we have our aims or objects plainly before our minds, it may be well for us to take a retrospective and present view of our work and the work of our teachers, and see if any progress has been made toward our main object, and also to thoroughly examine ourselves and see if we, collectively and individually, are in the vanguard of progress. Our old pioneer in Eclecticism, Dr. Morrow, always "prepared the system" for the action of his "equal parts quinine and iron," by the administration of—℞ Podophyllin gr. j., Leptandrin, Capsicum, aa. gr. iij. M.—to thoroughly "correct the torpidity of the liver," in the treatment of all forms of malarial disease. Gentlemen, how would you like the preparatory action of that amount of podophyllin and leptandrin upon your livers, if you were suffering with ague, to-day?

On page 535, vol. I. of Jones & Morrow's work on the practice of medicine, they have the following to say in regard to the treatment of inflammation: "A thorough evacuation of the stomach and bowels is generally the most appropriate means which can be directed for these purposes," (equalize the circulation and remove vitiated matter from the system). "It accomplishes a three-fold object: first, the removal of accumulations from the alimentary canal, which, if allowed to remain, must be a source of disturbance to the entire system; secondly, the stimulation of the secretory organs to increased action; and thirdly, the equalization to a greater or less degree of the general circulation." "In addition to these manifest and immediate results of gastro-intestinal evacuation, it is a fact that you will remove from the circulating fluid of the body, by the operation of one thorough cathartic, a greater amount of matter, than you would dare to abstract by venesection, and that too the very matter which it is best to have withdrawn, and the loss of which will not destroy the equilibrium of the normal constituents of the blood."

When we look upon the above in the light of the *direct medication* of to-day, how absurd, injurious and unpleasant it appears! But when we consider that the writer was just emerging from the gloom of allopathic tradition, and was yet perhaps unconsciously laboring under the influence of that theory that had its birth in the dark ages, i. e., that "inflamma-

tion is an excess of life or vital force," and that he had viewed the baneful effects of phlebotomy until he had become disgusted, and was seeking another method of *reducing the system*, we can but applaud and say that it was *one* step in the right direction.

As another illustration of the difference between then and now, I give the two following quotations:—

"No matter where a disease exists, the intimate sympathy which the stomach holds with the most remote organs renders it extremely obnoxious to the morbid influence. And this seems to be a very beneficent arrangement. The stomach supplying, as it does, the system with all its material for growth and reparation, if it were allowed to continue in a healthy condition while disease was raging in the system, would be constantly adding fuel to the flame." (Jones & Morrow's *Practice of Medicine*, page 587.)

Now let us hear what Scudder says to day of that matter.

"There are some simple lessons in medicine which we can not learn too thoroughly, and among these are the uses and abuses of the stomach and bowels. * * * If we think of the physiology of the stomach, we recognize its one function, digestion of food. The body lives by food, has activity through food, and without food life soon ceases. Now let us think of the patient depressed by disease, every day adding to the exhaustion, little appetite, feeble digestion. Food is absolutely necessary to life, if disease continues many days, and stomachic digestion is absolutely necessary to prepare this food for the uses of the body. Now we come in with the old-fashioned medicine (nastiness) and keep the stomach in a state of continued disgust or semi-nausea, or we do worse than this and give nauseant diaphoretics, nauseant expectorants, or small doses of cathartic medicine under the name of alteratives (also nauseant). What becomes of appetite? what becomes of digestion? and what becomes of the patient many times? * * Which are the most comfortable cases of disease to treat? Those in which the stomach keeps in good condition. Which are uncomfortable cases for both patient and doctor? Those in which the stomach is in a constant condition of unrest. Many a patient has been sent to his long home by nauseous medicines, and a want of regard for the necessity of food and digestion. * * These are things worth thinking of. In my practice remedies are pleasant and their effect on the stomach and bowels pleasant, and I shun nauseants and irritants as a good Christian shuns the devil. I do not give a cathartic once a month, and I am sure I do as well and probably better than my neighbors." (Scudder in *E. M. Journal* for Nov., 1879.)

That there has been great progress in this respect is very evident. In the olden time our medicines were disgusting to the taste, and doses simply *immense*. Now they are pleasant or nearly tasteless, and the doses small. We used to give medicine for its poisonous effects, which were unpleasant and unsuccessful. Now we administer it for its curative effects, and they are kindly and effective. We used to blister the patient and add to his sufferings. Now we treat him kindly, make him more comfortable, and he gets well and pays us for it (sometimes). We used to doctor the liver when the stomach was sick, and attend to the bowels

when the nervous system was out of order. Now we give medicine that acts directly upon the part affected. Not many years ago a man was all liver, but a woman consisted of a liver plus a uterus. Now we have discovered that pathology in man may extend beyond the bile duct, and that woman has other anatomical parts than the reproductive organs.

That there are many fossilized hepatic persuaders and doctors whose principal business consists in studying astronomy through a speculum, yet in our ranks, is a fact to be deplored; but I think that we as a school can take the front rank in the endeavor to extricate the profession from ruts and blind routine practice, and inspire its members with the necessity of close analysis and the application of plain common sense in the treatment of each individual case.

Art. XVI.—Intestinal Obstruction. By W. H. GEORGE, M. D.,
Independence, Cal.

I wish to report for the benefit of those who may choose to try it, the means used in two cases of intestinal obstruction. The first case, that of James Bridges, of Kernville, Cal., continued fifteen days. His age was about 48 years. He had led a dissipated life, and was but a mere wreck of a once vigorous man. He had long been troubled with a stricture situated about three inches from the anus. It was produced by ulcerative action in some former sickness of which he could give no intelligent account. It is not necessary to dwell on the means used for fourteen days of treatment; they all failed of any beneficial effect. The obstruction was developed gradually, and was complete at the commencement of treatment. That the obstruction was above the large intestines was shown by manual explorations and by the ability to fill the colon with injected fluids. Counsel was called, and after a mutual interchange of opinions, we reached the conclusion that there was another stricture situated in the small intestines. Vomiting towards the last was a marked feature of his condition. The vomited matter did not have the strong odor of feces that I have observed in some cases of invagination. I had contemplated using the means about to be named, but waited the arrival of counsel. I prepared—R Bicarbo-nate soda $\mathfrak{z}\text{iiiss.}$, warm water Oiss. This was No. 1. No. 2 was—R Acid tart. $\mathfrak{z}\text{iiiss.}$, warm water Oiss. No. 1 was injected far up into the bowels with a long injection pipe, and in $2\frac{1}{2}$ minutes No. 2 was injected in the same way. The effervescence caused by the meeting of the alkaline and acid solutions, and the consequent generation of gases, caused some pain. He was not allowed to go to stool for five minutes after the last injection. It was a complete success; a large mass of the impacted substance above the obstruction came away at once. It was semi-fluid, containing many hard lumps of feces. He fully recovered from this attack, but within a year died from the same trouble under different treatment by another party.

In case second, Mr. H. was brought to me in a wagon on a bed, a distance of 25 miles. The obstruction in his case was perhaps functional, as he was far gone with ulceration of the stomach, and from which he died in a few weeks. The history of the obstruction was that it had con-

tinued for 17 days; that all sorts of treatment had been resorted to, including large doses of calomel, croton oil, etc. Large injections of warm water and other substances had not been neglected. I prepared and used in the same way the remedies used in case first. One tolerable copious discharge followed immediately its use, and there were two more within twelve hours without further medication.

Art. XVII.—Lactopeptine. By J. F. HAMMOND, M. D., Atlanta, Ga.

Two years ago I commenced using lactopeptine in my practice, and at first did not get the results I expected. After thinking the matter over I saw the defect was in me, and not in the remedy. I therefore set about studying the indications for use, and in proportion as I could see my way, success crowned my efforts.

If we can determine that the secretions are deficient, vitiated or disproportioned, or all at the same time, we have in lactopeptine a remedy without an equal in the world.

I obtained about two pounds from the New York Pharmacal Association, two years since, and began prescribing it to the large number of dyspeptics visiting my office daily. Therefore, a large and varied experience, guided by a study of pathological conditions in diseases peculiar to the stomach and bowels, enables me to speak intelligently of the great remedy. I prescribe lactopeptine in what is known as fermentative dyspepsia in combination with hydrastis can. As a general rule, the acids—the natural secretions—are deficient; the blood is in a highly alkaline condition; the tongue is long, pointed, red at the tips, with the papillæ elevated, presenting what is known as a strawberry tongue. The patient complains of acute pains in the gastric region, feels nervous, and is a little inclined to constipation. An hour or so after meals he “rifts” wind off of his ‘stomach; his food has fermented, and the eructation of gas is the result. But I need not give further symptoms; medical men are familiar with the peculiar disease I am endeavoring to describe. Of course the stomach is inflamed, or rather congested and inflamed. We may say subacute or chronic; or, we may now and then have the inflammation whipped up into an acute attack by overwork and improper diet. Such patients usually crave acids, and prefer vinegar, pickles, &c. But how shall we cure them? The old routine treatment—blue pill and quinine, with dieting—is a failure. We want lactopeptine, but rot in 8 or 10 grain doses poured on the tongue, and swallowed with water after meals. We not only want to remedy the immediate troubles, but the impending future resulting diseases. I have for two years given the following, and I have found it almost infallible. *R.* Lactopeptine ʒij., acidi hydrocy. dil. gtt. xxxij., fld. ext. euonymus atro. f.ʒvj., syrup aurantii cort f.ʒss., tr. hydrastis can. q. s. ad. f.ʒij. *M.* Ft. solutio. *S.*, dessert-spoonful after meals. To meet and combat the attendant constipation, the following mild laxative pills may be given. *R.* Leptandrin grs. iv., juglandin, grs. ii., ext. taraxacum grs. xvi., ol. menth. pip. gtt. iv. *M.* Ft. pil. No. xvi. *S.* One at bedtime, and, if necessary, another at 7 or 8 A. M. After a week or two I change for the following to the chilopætic

apparatus—R Tinct. hydrastis can. f.3vj., quinia sulph. grs xlvij., acidi sulph aromat. gtt. xlvij., tinct. cardamom comp. f.3j. M. Ft. solution. S. Teaspoonful just after meals, well diluted, and to be taken through a quill, or glass tube. At the same time, if possible, the exciting cause, whatever it may be, (often overwork, mental anxiety, life in a crowded city. &c.) must be discovered, and carefully avoided. And, of course, such articles of diet as are found to be objectionable, must be avoided. With few exceptions, all vegetables are positively injurious. They are hard of digestion, and the stomach soon manifests its displeasure with the large, weighty fermenting mass. The truth is, the gastric secretions being too deficient to displace the water left in the vegetable matter, almost instant fermentation takes place, with the most distressing results.

Good light bread, free from soda, broiled or fried steak, oat-meal mush, very dry, good sweet milk, plenty of acids, and rest, soon effect a cure.

Art. XVIII.—The Evolution of Therapeutics. By A. D. BUNDY, M. D., St. Ausgar, Iowa.

To a reader of the current medical literature of the day, it is evident that a change in therapeutics is being wrought out, as well as in other branches of medical science. It is a common thing in reading such journals as the *Medical and Surgical Reporter*, *Boston Medical and Surgical Journal*, and other medical Journals of regular attainments, to find records of cases with *conditions described* and specifics prescribed. After a while there will be a contest as regards priority in teaching, and it is well that the medical man should know to whom he is indebted for "Specific Medication." Twenty-five years ago the empirical method was in the ascendant, and had three most eminent advocates in three great countries: Trousseau in France, Niemeyer in Germany, Stille in the United States. This method has been in a measure displaced by the *physiological* method. This method was deemed by many scientific, and had many admirers. The third method is the *etiological*. This has proved so unreliable and unscientific, that it never could have been popular.

We now come to consider the teaching of the day, and as it is a system rapidly coming into vogue, it deserves more attention. I allude to the *symptomatic* method, or as Eclectics have it, *Specific Medication*. I will quote in part an editorial from the *Medical and Surgical Reporter* of Nov. 22, 1879. In speaking on this subject he says: "By this we do not mean the treatment of individual symptoms as they arise, but the division of a disease into a number of forms, each characterized by a group of symptoms, and then applying to each of these forms a separate remedial agent, or combination. This is what the American Eclectic school of practitioners call specific medication. Their alleged specifics are not against a given disease, as is sometimes taught, but against an association of symptoms in a disease, or if the expression is more correct, against a particular aspect of a disease."

This is the teaching of Scudder and King; it has been boldly and largely introduced into the regular profession by Ringer and Phillips, and less so by Bartholow, in their respective works on *Materia Medica*. Thus Phillips

writes: "Leucorrhœal discharges attended by pain in the loins, feeling of weariness, depression of spirits, loss of appetite, and derangement of the nervous system, are quickly removed by a steady course of pulsatilla in five-drop doses, three times a day. Again in chronic coryza, where the Schneiderian membrane is of a deeper red than is natural, and when its surface is more or less studded with minute ulcerated patches, with a profuse mucous discharge, varying in color and consistence from thin, clear and starchy, to thick, greenish and yellow, five drops of tincture hydrastis, three times a day, will quickly set up a healthy action, etc."

There is an air of accuracy and pains-taking observation about all this, as well as definiteness of promise, which is very attractive, and we are inclined to believe hardly less fallacious. It is too much like reading the Codex Symptomen of our Hahnemannian brethren, and the wholesale importation of the crude method of procedure, which would be a step backward. However, it promises to be the vogue for the present.

I consider the above a very fair showing, coming from the source it does. He indulges in a fling at the teaching of such ideas, but is unjust when he compares us to the Homœopaths. Other systems of therapeutics have been brought forward and adopted, have been supplanted by better ones in the evolution of the ideas under consideration. The present system is before the profession. That it is an improvement on the others, no one denies. That it is absolutely perfect no one claims, as I am aware. The truth in all the systems survives, and adds to the stature of specific medication. Out of this doctrine will arise a more perfect one; thus evolution works changes in the minds of men as well as in other fields of organic life. Some of our regular friends are trying to steal our thunder, but others have the manhood and honesty to give honor where honor is due. Eclecticism is assuming the place and importance it deserves, and will continue to progress as long as honesty and purity, with constant labor, are the watch-words of our medical colleges. We look for good and grand things from those occupying high places.

Art. XIX.—A Letter—Diphtheria and Chlorate of Potash.

By GEORGE E. BRADFORD, M. D., Clinton, Mass.

DR. SCUDDER.—*Dear Sir*: Since locating in this town (last September), I have been observing the doings of my Allopath and Homœopath brethren that I might avoid their errors and profit by any good I could discern, for I have always found it much more satisfactory to try and imitate the successful than envy their good fortune.

We have had several cases of diphtheria which, after convalescence had seemingly placed the patient out of all danger, were speedily carried off by a kidney complication, "Bright's Disease" as they called it. I have heard of other cases of a similar nature and the idea seems to prevail among the people that kidney trouble is always to be feared.

It seemed to me that this must be attributed largely to the treatment, but not till I read the communication by Prof. Jacobi in the December number of the *Journal*, page 554, did the matter become clear to my mind. I took the pains to ascertain that chlorate of Potassa was largely used in

each case, and I believe that under a long continued stimulation of the kidneys by this salt, when in their enfeebled state, caused by the poisonous influence of the disease, an acute renitis is developed that rapidity proves fatal.

My experience with diphtheria has been limited, but in no case have I had any trouble with the kidneys, simply by letting them alone. In every case I find the kidneys affected, evidenced by scanty and high colored urine, but the remedies directed to the general treatment were all I required to put them all right. Aconite and Phytolacca have been used in every case with good results. Bryonia in one case with pleuritic pains in the chest and throat near supra sternal-notch. Baptisia where dark color of mucous membrane indicated a tendency to sepsis. I would say that I obtained good results from the application of a poultice of grated Phytolacca Decandria root to the throat as hot as could be borne. So well did it act that after 24 hours no more complaint of his throat. Whether it will do as well in all cases I have not had opportunity to test. I got relief from a croupal complication by the use of Stillingia liniment locally and a spray of lime-water with Chapman's Nasal Spray Apparatus to throat every fifteen minutes. I would not have any one regard the above as the result of long experience, but it has been quite successful. My object in writing is to warn Eclectics against the inordinate use of remedies to stimulate the kidneys, as I have no doubt many have been "planted" by so doing.

I would say to the class of 1879, that my practice is not large but have not failed in a single case to hold my patient, some of which, judging by the number of doctors that have had a hack at them, were very grave cases.

I would like to report two or three chronic cases, but fearing your readers will think, as I have done on certain occasions, that I report all I have had, will refrain until another time.

Art. XX.—Intermittent Fever. By W. STEINRAUF, M. D., Stringtown, Missouri.

Intermittent fever is one of the most prevalent diseases in this part of Missouri. We have it here during almost all seasons of the year; but the most severe cases, and the hardest to check, are the ones occurring in summer and fall. The regulars in our neighborhood have confirmed the idea in the people's minds, that nothing but quinine in massive doses will answer the desired purpose in checking this trouble. What has been the consequence? It has been that we find ounce vials containing quinine in every family. Very few people here think of consulting a physician for this disease, but take quinine on their own hook, as they express it. And as long as the people know that their family physician can not give any thing else but quinine, I think they are justified in so doing. It is surely a poor recommendation for the allopaths of to-day to acknowledge that in giving quinine they give the first, the last, and the only thing to overcome the chills.

My method of treating this disease is different from the common practice of to-day. In most all cases I prepare the system for the kindly action of the antiperiodic. Now this treatment always depends on the general condition of the patient. If the patient's tongue looks white, I give bicarbonate of soda in sufficient quantity to make up the deficit in the blood. Should the tongue look deep red, muriatic acid is given. If the eyes look dull, expressionless, the whole form of the patient exhibiting a careless, indifferent appearance, with a feeble pulse, belladonna in minute doses is given. With bright eyes, flushed face, excitement, and a hard pulse, gelseminum is used. Once in a while a cathartic is required, and then—R podophyllin grs. iss., leptandrin grs. iv., bitartrate of potash 3ij. M. Make into three powders, and give one every three hours. But it is rare that I meddle with cathartics in these cases. I lay great stress on the use of acetate of potash here. I give 20 grains of this salt three times a day for two days. I do this to cause the kidneys to remove all impurities from the blood as far as possible. Warm foot-baths are also freely employed.

Now when the system is so prepared, my prescription always is—R Sulph. cinchonidia 3j., Prussian blue grs. xxx. Mixed into fourteen powders. Five of these powders are to be given so that the fifth is taken one hour before the expected chill. Now three of these powders are to be taken on the sixth, the twelfth, and the eighteenth days after the chill has been checked. One powder is taken morning, noon and evening.

With this plan of treatment my success in curing chills has been very satisfactory both to myself and my patients. I believe in giving the antiperiodic in small doses. I never as yet got any good effects from giving a single large dose of either quinine or cinchonidia. One single large dose is not sufficient to permeate the mass of blood, and rid this fluid of the foreign matter. Small and continued doses have answered the purpose better.

Art. XXI.—Macrotys. By J. L. ASIRE, M. D., Beaver Dam, Ohio.

In addition to what has already been said by Prof. Scudder and others, in favor of *Macrotys* as a remedy in abnormal conditions of the reproductive organs of females, and especially as a remedy to prepare the prospective mother for parturition, and to control after-pains, I wish to give the results of the administration of it in a case that baffled the skill of all that ever attended her during confinement prior to March 10th, 1876, when she was confined with her eighth child. I was at that time in partnership with Dr. Yoder, of Bluffton, six miles east of this place. It so happened that his child was sick when he was sent for, and in consequence he called at my house, requesting me to go with the messenger, and attend Mrs. G., saying that she was going to be confined. I told him I would to the best of my ability. He remarked that I would not be likely to have any trouble in delivering her, but that she suffered so intensely with after-pains, and that they could not be controlled with any thing outside of from one-half to teaspoonful doses of opium; to which I made no reply, but thought there was a remedy that would answer better than such huge doses of opium.

I got ready and proceeded with the messenger to the house, where I found her approaching the latter stages of labor. I at once ordered such articles as were required, and had just got things in shape when she was delivered of a fine boy. Mrs. G.'s sister was there, who gave me a full history of her previous confinements. She said she suffered intensely with after-pains, and that Dr. Yoder had to give her such terrible large doses of opium to control them, which confined her bowels so that they had much trouble to get them regulated, and that she got "crazy," and had to be nursed for six weeks, and never got up to do any work under two to three months. I prepared some Macrotys in water (tincture of the green root), and ordered a teaspoonful to be given every hour, which modified the after-pains very markedly, and she would have made a much quicker recovery than usual, had she not been attacked with erysipelas of the face, which yielded readily to proper treatment. I remarked to Mr. G. that I thought I could give her a remedy that would in a manner prepare her for confinement, should she ever again become *enciente*; to which he replied that he would try it.

He called at my office in May, 1877, and asked for some of that medicine, saying that his wife was again pregnant, and would be confined in about two months. I accordingly prepared a six-ounce bottle and directed her to take a teaspoonful four times a day, and to continue till parturition; which they did, and in the latter part of July I was called in great haste, but found the fellow had already made his appearance, and was trying his lungs. I attended to the mother, and continued the Macrotys, which again controlled the after-pains, and she required only one after-visit.

Mr. G. again called on me in August, 1878, for some more of that medicine, which I prepared, with directions as before, and in September following I was again called, and delivered her, when she made a good recovery.

Last September, I was again called, and delivered her, when I put her on the same treatment as before, with the addition of small doses of ergot for cramps in the lower extremities. Her recovery in her last confinement was equal to the majority of other mothers. Had no trouble with her bowels as before when she took so much opium. Macrotys is surely a valuable remedy in abnormal conditions of the reproductive organs of prospective mothers. It has done well in my hands.

Art. XXII.—Benzoate of Sodium, and Benzoic Acid. By J. U. LLOYD.

Benzoate of sodium is the chemical now brought before the profession as a cure for tuberculosis, by means of a spray or inhaling apparatus. As the name implies, it is a compound made from benzoic acid and carbonate of sodium or hydrate of sodium. Benzoic acid, however, is derived from two sources, and though it may in both cases be represented by the formula H, C, H, O_2 , it has properties in one instance that sometimes render it objectionable. Now as a rule, physicians are anxious

to learn all that can be reached regarding these new remedies, especially where a preference may be given, and perhaps a few remarks upon benzoic acid will be acceptable.

Benzoic acid originally meant a substance which occurs ready-formed in gum benzoin, storax, tolu, and other balsams. It was derived in abundance from gum benzoin and thus received the name *benzoic acid*. Gum benzoin is a resinous substance which exudes from the bark of a tree (*styrax benzoin*), and usually contains from ten to fourteen per cent of benzoic acid. If gum benzoin be spread upon the bottom of a tin pan in a layer, say half an inch thick, and a paper cap be inverted over the pan, and a gentle heat applied to the bottom of the pan, benzoic acid will sublime and condense in white crystals upon the inner surface of the paper cone. This is the true benzoic acid of the olden time, made from *gum benzoin*. It has the composition H, C, H, O_2 . It has a pleasant balsamic odor (owing to traces of volatile oil), but if perfectly purified is almost odorless. It forms salts with alkalies, most of which are soluble. It dissolves readily in alcohol, ether, chloroform, carbon disulphide and benzine. It possesses antiseptic properties, and according to some is superior to salicylic acid. Such is the benzoic acid of the fathers: what is the benzoic acid of to-day? When cows' or horses' urine is permitted to putrefy, a peculiar acid contained in the urine (*hippuric acid*) is decomposed. It splits up into two substances, one called *glycocine*, and the other *benzoic acid*, because it has the composition of natural benzoic acid (H, C, H, O_2); and this we may say is the benzoic acid of to-day.

Our German friends understand a thing or two, and they know how to economize the urine obtained from horses and cows, and they know how to make benzoic acid. As thus made, however, benzoic acid is apt to have a rank, disagreeable odor; to retain a smell of urine; to contain as an impurity portions of hippuric acid, and to remind us very strongly of a disagreeable liquid. It is in the form of nice lustrous crystalline scales however; it is pleasing to the eye, and to the pocket, unless it happens that the medicine containing it is for our own use, when a few cents additional for the old-fashioned article is of little consequence. Now I will admit that some of us may admire the new style, and even hanker after the penetrating odor; others may admire the progress of chemistry, but conclude that there is too much chance for objectionable impurities in the H, C, H, O_2 (benzoic acid), made from putrid urine. Let us not quarrel, for this is a free country, and if we pay our money we have the right to take our choice.

If any of my readers think this article is overdrawn, step to your benzoic acid bottle, or your druggists', and take a smell. Then just prepare a few grains from gum benzoin. Such is benzoic acid, numbers one and two. But we have another way of obtaining this article from another source. I expect we have enough upon the subject now, so number three may wait. This piece may simply interest some old practitioner, who supposed the science of making benzoic acid was completed with its production from gum benzoin.

Art. XXIII.—Upper Osage Eclectic Medical Society.

This Society met pursuant to adjournment at Schell City, Mo., Wednesday, Dec. 3, 1879. After the transaction of the usual routine business, Drs. Wm. H. Potter and J. Grand were received as members of the Society.

Dr. Miles read an essay, subject, "Then and Now," contrasting the older Eclectic practice with the present. (See page 63.)

Dr. Barber read an interesting paper, subject, "The Therapeutics of Pain," also one entitled, "Once now and after."

The Society discussed informally the subject of disease in general, and jaundice in particular, which was quite interesting.

A Committee appointed for the purpose reported the following subjects for papers for next meeting, assigning them as follows:—

Dr. Matchett—The Pancreas and its functions.

Dr. Miles—The Liver and its Functions.

Dr. Crane—The Care and Management of the Teeth.

Dr. Yoder—Principles of Homœopathy.

Dr. Barter—Pathology and Treatment of Cancer.

Dr. Field—Malarial Fevers.

Dr. Harvey—Diphtheria.

Dr. Davidson—Pneumonia.

Dr. Potter—Scarlatina.

Dr. Barber—Digestion.

Dr. Wheeler—How to make the practice of medicine a success financially.

Dr. Phipps—Dropsy.

Dr. Marquis—Irritation of Stomach and Bowels.

Dr. Barber to deliver lecture—subject, Life, Health and Disease.

Adjourned to meet March 3d, 1880, at Schell City, Mo.

S. E. BARBER, M. D., *Secretary.*

P E R I S C O P E.

Phosphide of Zinc.

Phosphide of zinc has proven a most efficient agent in the successful treatment of a certain class of affections. In very many instances it has been far more curative than phosphorus. Considered in the light of a curative agent, the phosphide of zinc stands alone, not only for the certainty, but for the rapidity of its action as a nerve tonic and stimulant. Its value, in these respects, has of late been fairly tested in the last and exhaustive stages of typhoid and other fevers, where the nervous energies have been so far prostrated as to render convalescence, if not doubtful, at least tedious and protracted. The great therapeutic value of the phosphide is evinced in the most distinct manner, when used in the treatment of neuralgia. While phosphorus is seldom curative in doses of less than one-twentieth or one-tenth of a grain, phosphide of zinc yields as reliable and more speedy results in doses of one-tenth to one-eighth of a grain. Few stomachs can tolerate more than one-thirtieth

of a grain of phosphorus before manifesting symptoms of irritation, which, in connection with the "matchy" taste soon evolved in eructations, often engender a disgust to its further continuance. On the other hand, experience with the phosphide of zinc has proven that it enters the circulation far more readily than the element, and in doses of from one-eighth to one-twelfth of a grain produces its curative influence far more rapidly, and is equally as permanent in therapeutic power.

It has been found extremely serviceable in neuralgia, in angina, in loss of memory and impotence, in loss of sleep from combined mental anxiety, and generally in those nervous affections that owe their origin to exhaustion and depression of the nerve-force. Dr. Hammond's formula is one-sixteenth grain phosphide of zinc with one-fourth grain of ext. nux vomica, made into a pill.—*Buffalo Med. Journal.*

Therapeutic Uses of Benzoate of Soda.

Buchholtz discovered that the benzoate of soda possesses in a high degree the power of preventing the development of bacteria in putrescible fluids. Brown found that a previous hypodermic injection of the drug will prevent, to a certain extent, the development of diphtheria from inoculation in an animal. Dr. Schuller, of Greifswald, used it as an antiseptic dressing, but did not find that it possessed any advantages over carbolic or salicylic acid. Given internally, however, he found it very beneficial in several cases of extensive phlegmonous processes in the hand and forearm, and of erysipelas, and in one case of diphtheritic inflammation of the bladder. In all of these cases the fever disappeared entirely, and the local symptoms improved, after from ten to twenty grammes had been taken. The effect was particularly striking in a case of violent traumatic erysipelas with chill and high fever, in which 25 grammes were taken within 24 hours. The fever began to sink after a few doses had been administered. The remedy also proved useful in some cases of scrofulous articular affections, with simultaneous catarrh of the pulmonary apices and persistent hectic. Schuller's formula of administration was: benzoate of soda, 10 grammes; syrup, 20 grammes; water, 200 grammes (3ijss.—3v.—3vjss.) Dose, a tablespoonful four or five times daily, when its use was continued for a long time, and every hour in acute febrile affections.

Prof. Klebs believes that the drug is absorbed very slowly by the intestines when fever is present, and hence recommends its direct injection into the blood. Experimentally it seems to be demonstrated that immense quantities can be injected into the blood without danger; as much as five grammes would have to be injected in the case of a man of ordinary size, to prevent the development of bacteria in the blood. The only danger to be feared would be paralysis of the heart, an effect which would be due to the soda rather than to the benzoic acid. Klebs suggests that this danger might be avoided by the use of the less soluble *benzoate of magnesia*. This salt may also be given internally in powder or pills in place of the benzoate of soda, when the latter causes nausea. The *benzoate of lithia* is said to be more soluble than the magnesia salt, and like it to have no action on the pneumogastric.

Letzerich gave the benzoate of soda in eight cases of severe diphtheria in children, and states that no other remedy has produced in his hands such rapid and lasting effects. The temperature usually fell in from 24 to 36 hours. Only one of the patients died—a badly nourished child who had just recovered from an attack of croup. Besides the internal administration of the drug, it was employed locally by insufflation or gargles. Hoffman, of Berlin, treated twelve cases of diphtheria with the drug; all of them recovered. He believes that the medicine essentially shortened the course of the disease. On the other hand, Widerhofer, of Vienna, treated 17 cases of diphtheria in children with the benzoate of soda, and lost eight of the patients. He does not regard it as a reliable remedy in this disease.

Letzerich also recommends the benzoate of soda in gastric catarrh, particularly in infants, and in this he is seconded by Kapuscinski, of Posen, who administered it in 63 cases of gastro-intestinal catarrh in children under five years of age, with the most striking results. The vomiting was controlled very rapidly, but the drug had no power over the diarrhoea, which yielded, however, to bismuth and soda after the vomiting ceased. He gave one or two teaspoonfuls of a 5 per cent. solution of the salt every two hours. Finally, the benzoate of soda has been given with good effects in two cases of morbus Brightii, one of which had already presented uræmic symptoms. Five grammes of the salt were given three times a day, and under this treatment the albumen in the urine rapidly diminished, and soon only traces of it were left.—*Med. Record*, from *Allg. med. Cent.-Zeit.*

Supra-Orbital Neuralgia Cured by Nerve-stretching.

Dr. Kocher relates, in the *Correspondenzblatt für Schweizer Aerzte*, the case of a man aged 32, who had for seventeen years suffered from neuralgia of the right supra orbital nerve. The attacks, at first rare, afterwards became more frequent, until at last there were only brief intervals of freedom from pain. All the ordinary therapeutic measures had been tried for years without success. Dr. Kocher laid bare the nerve and three of its branches by an incision along the upper border of the orbit, and stretched it forcibly by means of an aneurism needle passed under it. The healing of the wound was attended with abundant suppuration. From the moment of the operation the patient was free from pain, and the neighborhood of the supra-orbital nerve was anæsthetized. The patient was last seen three months after the operation; he had had no return of the pain; sensation was diminished over a space ten centimetres in extent, but was otherwise perfectly restored. After neurectomy, paroxysms of pain are usually observed during the first few days after the operation. As these were absent in the present case, Dr. Kocher concludes that the lesion of the nerve is less when the nerve is stretched than when it is divided. The value of nerve-stretching as a substitute for excision will be greater in neuralgia of the second and third divisions of the fifth nerve, as here a much smaller wound will suffice.—*British Med. Journal.*

Prolapse of the Ovaries. By WILLIAM GOODELL, M. D.

On either side of the womb are two small glands, in size and shape very like almonds. They secrete the ova and are, accordingly, called ovaries, and they preside over the individuality of woman as much as the testes do that of man. Very important organs they, therefore, are, and as such are largely supplied with nerves and blood-vessels. Each one is moored to the womb by a special ligament, and each one lies loosely in a fold of the broad ligament. But, like that of a ship riding at anchor, their position is an unstable one, and they freely play about the womb as their centre of motion. Still, Nature being the best of stevedores, the abdominal cavity is, through her care, so intelligently packed, and its retentive power made so great, that these loosely attached bodies, except through disease, hardly ever become permanently dislocated. Their true position is high up on either side of the fundus of the womb, out of harm's way from the impact of the male organ, and beyond reach of even the examining finger. An ovary in its healthy state cannot indeed be ordinarily made out by either supra-pubic palpation, or by a vaginal examination, or even by both conjointly.

They have, however, a knack of getting into strange places, and when one plays truant, its fellow is very likely to follow. One ovary has repeatedly been found in the sac of an inguinal hernia, and, if the hernia happens to be double, each ovary will then go astray. One will lodge in the sac of a femoral hernia, and even in that of an umbilical hernia. I found one once in the right labium majus of a young married woman, who was sterile, and once in an old lady of ninety, I felt one in the sac formed by an inverted vagina. When in such abnormal situations, the ovaries usually degenerate, and the woman, like a cryptorchis, is unable to procreate.

At every monthly period the ovaries become turgid with blood, and sink low down from their weight. They can then be often felt and even outlined in Douglas's pouch. When this congestive period is over, they rid themselves of their freight of blood, and again float up out of reach. Unfortunately, however, they will sometimes stay turgid, and, consequently, become permanently dislocated. Accompanying this dislocation, there will generally be some uterine lesion, which will stand in the relation either of cause or of effect. Nor could it very well be otherwise, for very close is the vascular and nervous kinship between the two—so close, indeed, that turgidity in the one means erectility in the other. Hence it is not always easy to decide which lesion was primary, and which is secondary.

Any cause, then, tending to a lasting congestion of the reproductive apparatus, is very likely to lead to a prolapse of the ovaries. A torn cervix, an arrest of involution after labor, any backward displacement of the womb will do this. You will frequently find this lesion in barren women. The relation here between cause and effect, is obviously this: In sterile women, the lack of pregnancy and of suckling prevents that much needed break in the constantly recurring catamenia, and the physiological congestions of the womb, augmented by the sexual congestions, are by ceaseless repetition liable to become pathological. Perverted sex-

ual excitations, are by no means rare causes of this trouble. For instance, I have repeatedly discovered the ovaries low down in women who were shirking maternity. Here an over-stimulation of the whole reproductive apparatus is kept up both by the enforced sterility and by some of the preventive measures employed, which awaken the sexual instinct without appeasing it. So repeated erectility from self-abuse, by ending in a passive congestion of the womb and of the ovaries, tends to these dislocations. The prevalence of this habit in girls is, I think, very much overrated, and yet I have seen several cases of prolapse of the ovaries from this cause. In one, the ectropion of the cervical mucosa was so marked, that it leads me to think that I had discovered the cause of the occasional inversion of the womb in virgins. My note-book shows cases of ovarian prolapse from such imperfect sexual relations as come from the ill-health or the greater age of the husband, and not a few from excessive intercourse. Finally in thin and unhealthy women of lax fibre, there is an absence of the pelvic padding of fat, and an impairment of the retentive power of the abdomen. Then, again, they lose an erect carriage, and their spine becomes bow-shaped. The pelvis, departing from its natural obliquity, comes to lie more at a right angle to the spine, and the axis of the upper strait, instead of striking a point in the linea alba below the navel, tends now to coincide with that of the trunk. As a result the intestines crowd down into the pelvis and displace the womb and the ovaries.

When one ovary becomes displaced, it is usually the left one. It then lodges more or less low down in Douglas's pouch, and gives rise to a world of trouble. This brings us to the symptoms. First and foremost, is pain in locomotion. As the ovary now lies between the womb and the sacrum, it gets pinched between them at every step. This pain is of a sickening and an unnerving character, and often runs down the corresponding thigh, along the track of the genito-crural nerve. One of my patient's will, while walking, be suddenly seized with such a pain which either momentarily cripples her, or lasts so long as to compel her to return home at once in a car. Her left ovary behaves like a loose cartilage in the knee-joint, and has, for some reason, slipped down so low as to get nipped. She always gets relief by putting herself on her knees and breast, a postural method which I shall shortly describe to you. A second symptom is a throbbing pain while the rectum is loaded, and an agonizing pain during defecation. This arises from the grating of the hardened feces over these tender glands. A third one, is painful coition, for the ovaries are now so low down as to be hit by the male organ. A fourth, is gusts of pain radiating from one groin. Another very common symptom is a morbid state of the mind, accompanied by low spirits. As a man with any trouble in his testes is in the slough of despond, so will a woman be when her ovaries are turgid and dislocated. The psychical sphere of man and woman seems to be conditioned very much by the sexual sphere.—*Med. Times and Gazette.*

An Almond-Shell in a Bronchus.

The following curious case is published in No 54 of the *Allgemeine Med. Central-Zeitung*, 1879. A servant girl, aged 19, swallowed one evening a piece of an almond-shell. She began to cough immediately after the accident. The cough lasted through the night, and was accompanied by vomiting, dyspnoea, and severe pain in the throat. The pain gradually extended over the right half of the thorax, and the patient expectorated a very offensive bloody sputum. When she presented herself at the hospital three weeks later, slight dullness was found on the right side of her back, extending from the middle of the scapula downwards; the breath-sound was feeble and vesicular on the back; sonorous rhonchi were heard in front on the right side and in the right interscapular space. She complained of pain in front of the upper part of the thorax when coughing. There was no fever. Five days later, pleuropneumonia of the right side broke out, which was only definitely cured after two months and a half, when the patient left the hospital feeling well, with the exception of the above-mentioned sensation of pain when coughing. The sonorous rhonchi could still be heard. Three weeks later, she again felt very unwell, and re-entered the hospital. A few days afterwards, during a violent fit of coughing she coughed up a piece of rough almond-shell with ragged borders. It measured nearly nine-tenths of an inch in length, and more than a sixteenth of an inch in breadth, and was one-third of an inch thick. The patient recovered rapidly. It is remarkable that a foreign body of such a size could be aspirated into the bronchi, and that not more injury was caused by its roughness and ragged edges.

Nitrite of Amyl in Ague.

Dr. W. E. Saunders, of Indore, calls attention to the value of nitrite of amyl in ague, and records a number of cases in which advantage has been derived from its use. The drug itself, he remarks, is inexpensive, and goes a long way.

He now uses *amyl nitrite* mixed with an equal part of *oil of coriander* to render it less volatile, and at the same time to cover its odor. He regards it as the most powerful diaphoretic he has seen, and he uses it in all cases of fever to produce diaphoresis.

The following is one of his cases: Mr. F. C. came for treatment about 7 P. M., in the cold stage of ague. Two minims of nitrite of amyl were administered. Sweating came on in seven minutes. He lay down a half an hour to get cool, and then walked home well. He, next morning, took a dose of quinine, and has had but one attack of fever without the cold stage since. Previous to this he had had fever every day for one month, during which he took large doses of quinine.

Dr. Saunders observes that he does not mean to say that quinine should not be used in these cases, for there is ample proof that it tends to check the return of the attacks, and removes to some extent the septic condition of the blood, induced by the malarial poison, and this more especially if small doses of opium are combined with it. In no case did the amyl fail to remove the attack in about one-third the usual time, and in most

cases the fever did not return. His method of administration is this: Four drops of the above mixture, or two of amyl, are poured on a small piece of lint, which is given into the hands of the patient, and he is told to inhale it freely. He soon becomes flushed, and both his pulse and respiration are much accelerated. When he feels warm all over, the inhalation is discontinued, as the symptoms continue to increase for some time afterwards. A profuse perspiration now sets in, which speedily ends the attack. In some cases, however, the cold stage passes off without any hot or sweating stage.—*Indian Med. Gazette in The Practitioner.*

Vehicles of Malaria.

Ague is commonly supposed to be due to the entrance of a miasmatic organism into the system. But no microscope has ever seen this organism, neither can we account for the intermittance of the ague paroxysms, nor can we say for certain through what way it finds its way into the system.

The majority of writers hold the opinion that *the air of marshes* is the sole cause of intermittent fever. But there exists strong evidence going to show that water, too, is a carrier of the poison. Take for instance two or three cases cited in the *Lancet*. First, the case recorded by Boudin, of three vessels sailing from Algiers to Marseilles, conveying 800 soldiers, who on shore had all been exposed to the same atmospheric condition. Two of these vessels were supplied with good water, but the third with water from a marsh. The two former arrived at Marseilles without a sick man, but the third ship lost thirteen men and had 120 sick, nine-tenths of whom were affected with malaria. Again, there is the outbreak of ague at Tilbury Fort, cited in Parkes' *Hygiene*, where thirty-four men out of a garrison of 103 were seized with ague, while the people at the railway station, and the coast guard men and their families just outside the fort, entirely escaped. The troops had been supplied with water stored in tanks, collected from the rain water of the roofs, while the people outside obtained theirs from a spring, the atmospheric condition in both cases being identical.—*Popular Science Monthly.*

Vomiting in Pregnancy Treated with Ingluvin.

I was consulted by Mrs. W.—, aged thirty, who stated she had been suffering from constant and excessive sickness for eight weeks. The following is her history:—This was her second pregnancy. With the first she suffered quite as much as with this one. She had consulted several physicians, but without receiving the least benefit. At the end of the third month she miscarried, and was not sick after. I commenced to treat her with bismuth, pepsin, and cerium combined, first in small doses frequently repeated, afterwards in larger doses at longer intervals; hygienic measures were at the same time had recourse to, but without the slightest effect. I was then induced to try ingluvin. I commenced giving ten-grain doses every two hours; this diminished to a great extent the violence and the number of the attacks of vomiting. I then increased

the dose to fifteen grains every three hours. At the end of a week she perfectly recovered, and has not had a return of the sickness.

I should be glad to know if other medical men who have tried this remedy have met with the same result.—Chas. P. Kempe, M. D., in *London Lancet*.

Reflex Uterine Disease.

Dr. Kirkley reported a case of nervousness in a woman who had been sick for two years. The principal trouble was experienced when she undertook to walk or ride. She would be seized with dizziness, and would, with difficulty, keep from falling: had been so severe that she dreaded to move about. All the functions were normally performed, excepting there was irritation of the bladder and slight hemorrhage from the uterus. Examination revealed an elongated cervix, the vaginal portion, conical and vascular, similar to a toper's nose; os contracted into a small round hole. Believing that this condition of the uterus was the primary cause of nervous symptoms, treatment of this organ was begun. Hot water was ordered as a douche, and alteratives applied every two weeks. The compound tincture of iodine answered best. Much benefit was derived from puncturing the cervix, and about an ounce of blood allowed to escape. Tonics with ergot were given by the stomach. At the present time she is greatly improved; the cervix has lost its bright red appearance—has been reduced to the normal size, and the nervous symptoms have been entirely relieved.

In view of the opinions of Dr. Emmet, expressed in his work recently published, the question arises as to whether this was a condition of chronic cervical endometritis. He says there can be no such thing as chronic metritis; no such thing as an elongated neck, or erosions of the os—the enlargements being simply due to the products of an acute inflammation.

Dr. D. P. Chamberlin believes that uterine disease is very frequently the cause of nervousness, and many such cases cannot be relieved until the uterus has been so treated as to remove all source of irritation arising from disease in that organ. In treating, the best method is to introduce the knife within the cervical canal, and cut it as it is withdrawn; sufficient blood will flow, if warm water is freely used afterward; granulations, which are frequently noticed in this locality, bleed very freely. As an alterative, prefers fuming nitric acid to iodine, as it does not require so frequent application. Has usually noticed that the ovaries and appendages were congested where nervous symptoms were well marked. Believes that Emmet is wrong in his statements; there can be a chronic inflammation of the mucous membrane of the uterus, as well as when the same structure is found elsewhere; has frequently observed erosions where there were no other appreciable lesions.

Dr. Ridenour said it is a fashion to give names to these nervous diseases. Neurasthenia is that which is given to the cases we are considering. Congestions or inflammations occurring in any portion of the body will cause these symptoms. Whenever a case of nervous disease comes to me, I examine for some source of irritation: frequently in women we find it in the uterus. Several years ago had a case of orbital neuralgia

accompanied with photophobia; thought it was occasioned by irritation of the eyeball. Finding that treatment directed to that organ was not beneficial, I examined the uterus, and found laceration of the cervix. There was no tenderness or erosion, but the os was tumefied. Applied acid nitrate of mercury and punctured the neck deeply. The whole uterus being engorged, applied iodine in that organ. The result was a perfect cure. As to Emmet's ideas, think they are vagaries; chronic inflammation may follow acute here as well as elsewhere. As inflammation is always followed by lowering of vitality, either of one organ or the whole system, it is easy to understand how a chronic inflammation may be found without being primarily acute

Dr. Kirkley said in all cases of uterine disease we have a train of nervous symptoms. In my case I regard the particular manifestations mentioned as peculiar. Dr. Chamberlin's method of puncture is a good one. The objection to scarifying the vaginal mucous membrane is the danger that the cicatrices which form will be a source of irritation, and the condition of the patient will not be improved. When applications are made they should not be allowed to spread beyond the abnormal growths, for the same reason. Dr. Emmet believes that acute inflammation only exists in the puerperal state. Chronic enlargements are due to deposits within or around the uterine walls, and is a condition, not a disease, exactly similar to hypertrophied tonsils. He says the cervix should never be removed for simple hypertrophy.—*Toledo Med. and Surgical Journal*

Balsam of Peru in Pruritus.

In a communication to the *Deutsche Med. Woch.*, No 34, Dr. Auerbach, of Berlin, states that having, in common with so many other practitioners, found the balsam of Peru a most valuable remedy in itch, he has for some time past treated pruritus by the same substance, and with the greatest success. After the first rubbing in to the part affected great relief is obtained, and in a few days a cure results. He relates a very obstinate case, which, after resisting all kinds of treatment for years, was speedily cured by the balsam.—*Med. Times and Gazette.*

On Stammering.

At the recent International Medical Congress, held at Amsterdam, M. Chervin, of Paris, read a paper on stammering. This disturbance of speech is generally ascribed to a spasm of the muscular apparatus that aids in the articulation of sounds. This theory, which is essentially false, has led surgeons to perform many unfortunate and useless operations, (sections of the tongue or of certain of its muscles, of the hyoglossus; extirpation of the tonsils, the uvula, etc.) M. Chervin thinks that stammering is caused simply by a disturbance in the co-ordination of the movements that are necessary to emit an articulated sound. This explains how it is that this disturbance of speech is frequently of an intermittent type; and why, under the influence of a methodical treatment, which is in reality only a series of gymnastic exercises, that are

practised by the apparatus which helps to form articulate sounds, it is possible to cure this affection in a very short time. The author has gathered from statistics that, from 1850 to 1869, 13,215 young men in France were exempted from serving in the army because of stammering. Great discretion must, however, be exercised in delivering certificates on the subject, as stammering is very easily counterfeited. In general, fright and emotion play a great part in the etiology of the affection. It occurs more frequently in the male sex than in the female, which the author attributes to the fact that young girls are less exposed to violent emotions. The treatment lasts about three weeks. During the first week the patient has to go through methodical exercises of reading and recitation for a certain number of hours daily; for the remainder of the time, he must be perfectly silent and isolated from his friends. In the second week he is allowed to speak to his attendants or friends, but must speak very slowly, and pronounce each syllable distinctly. In the third week the patient may converse freely, but must still speak very slowly, —*British Med. Journal.*

Medical Legislation.

"A learned profession," says the *Medical Record*, of this city, "should be above making any requests for legislation to benefit itself. If it can not stand on its own merits, it has no claim whatever even to ordinary respect. If we must have legislation at all, let it be in the way of improving ourselves." Prof. Francis W. Newman has also truly declared: "To enact a medical code, or command a medical process, is usurpation, not legitimate legislation, even viewed from the scientific side." Certainly when regarded from the standing-point of common right, or the principle of republican government, it has no warrant or justification whatever.

The province of government is to protect *rights*, not interests. Medical Boards, whatever their designation, are solely political corporations, adverse in their constitution and operation to the advancement of science and to the spirit and genius of our republican system. They are founded and carried on in accordance with a selfish and exclusive policy, to promote the interests of a clique of individuals, and with little reference to the public welfare.

An illustration of this is found in the city of New York. For many years there has existed a secret society of physicians whose aim was to secure a monopoly of the most lucrative practice. Professors in medical colleges were at the head. Even to this day most if not all professors in the prominent medical colleges of New York buy their chairs as the brokers in Wall street purchase seats at the Stock Exchange. Having secured their positions, they arrogantly and rapaciously seize upon every means to increase their power and emolument. For example, the Commissioners of Charities and Corrections have virtually ceded to these very Professors certain of their own most important functions, and do not venture to act except by permission. The professors take refuge from attack behind their own irresponsibility. They accordingly do not

hesitate to exercise for their own behalf the favors unlawfully conferred upon them, in utter disregard of the letter or purpose of the laws and public policy of the State. To constitute medical boards from such men is like placing sheep-folds under charge of foxes and wolves.

There exists no need or desire among the people for any of this extraordinary medical legislation. It would never have been asked for but the exigencies of the men who are to receive benefit. The civil war gave employment to an army of surgeons, who were returned to private life at the close, and are unable to gain lucrative practice. These medical boards are chiefly designed to quarter such men on the public treasury, or to enable them to drive physicians as good as themselves from honorable employment.

The legislatures of New York and other States that have not succumbed to this doctors' plot, owe it to the people to maintain intact the freedom of medical practice. There is no call, no necessity, no justification, for erecting a physicians' monopoly.

The constitution of New York, made in 1846, and the fundamental laws of other States, have been framed with the direct purpose of preventing and discouraging monopolies, and to give personal and associate enterprise the fullest opportunity. Medical men act counter to this purpose. They misapply the laws as they exist, and seek for arbitrary legislation, to subject free men, in and out of the profession, to their code of ethics, a code having no parallel on the continent, except perhaps in Paraguay. They are impediments to social progress and democratic civilization.

No savant, no scientist, ever called for legislation to enrich himself, or enable him to dominate or over-reach others. If medicine has any just claim to be considered scientific, such legislation tends directly and unavoidably to divest it of that character, and to degrade it to the plane of a trade-union. Intolerance characterizes the bigot, but never the scientist or any other benefactor of man.—*Medical Tribune.*

Benzoate of Soda and Tuberculosis.

Prof. Joh. Schnitzler publishes in the *Wiener Med. Presse*, 1879, No. 42, some critical remarks on the therapeutic value of inhalations of benzoate of soda in phthisis pulmonum. He takes up the question first—Can atomized fluids possibly penetrate to the deeper air passages, especially to the alveolæ of the lungs? This question, he contends, must be answered affirmatively before we can speak of any therapeutic value of inhalations in general.

The author published the results of his experiments and clinical investigations on this subject as long ago as 1862, but now repeats his experiments in consequence of the interest excited in the new remedy.

From a great many observations he arrives at conclusions as follows:—

He caused individuals who seemed to him best adapted for it to inhale for half an hour, first a one per cent. solution of tannin, and afterwards just as long a one-half per cent. solution of chloride of iron, partly from a Seigle steam apparatus, and partly from a Schnitzler atomizer. Of each

agent 100 to 200 grammes were in the average used up. The following are the results:

A part of the atomized fluid fell upon the face and protruded tongue, and flowed off into a vessel placed to catch it. Over half of the inhaled substance condensed itself in the mouth and pharynx, whence it was partly expectorated and partly swallowed. Of the other smaller half, part adhered to the tongue, cheeks, mouth, and pharynx, and only a small part passed the *aditus laryngis*. Here now a part deposited itself upon the epiglottis and the arytenoid cartilages and aryepiglottic folds, upon the ventricles and vocal cords, and under especially favoring circumstances passed the *rima glottidis* and reached the trachea. Of this fact the author could convince himself absolutely by laryngoscopic examination.

When a patient thus treated by inhalation of first tannin and then chloride of iron, was examined with the laryngoscope, the tongue was always found perfectly black, and the soft palate and the posterior pharyngeal wall, as well as the buccal mucosa, were all entirely colored, while the epiglottis was covered only with black stripes, and the arytenoid cartilages and the aryepiglottic folds, the ventricles and the vocal cords, showed only black points, and such points could be discovered in the trachea only by the closest search. The reader may therefore judge for himself how much may penetrate to the bronchial tubes.

The author now made similar experiments with a five per cent. solution of the benzoate of soda, which he colored with a few drops of a weak aniline solution to enable him to recognize the blue or green tint of the remedy on the mucous membrane. The results were just the same, only that the aniline color was less remarkable than that furnished by the re-action between tannin and iron.

But the author will not dispute the statement that with a very good apparatus, and in particular by deep inspiratory power, the cloud of benzoate may in some cases penetrate the lungs. But these are conditions not met with in the weak lungs of phthisis. Moreover, the swelling of the laryngeal and tracheal mucous membrane in phthisis would offer obstacles to the penetration of atomized fluids.

So to explain the efficacy claimed for the inhalations, we must assume that heat develops from the benzoate salt volatile benzoic vapor, which may, of course, penetrate to the deeper air passages, and thus alleviate bronchial catarrh.

Experiments made by the apothecary, Neustein, at the author's request, developed the fact that after boiling ten grammes of the benzoate of soda in a Hessian kettle for half an hour, the salt lost twenty per cent. of its weight. But, as in atomization only a slight heating is effected, it is probable that only traces of benzoic vapors develop.

If one would, therefore, use benzoic vapors, it is best and simplest to add a few drops of the benzoic tincture to hot water and inhale the steam, and if one expects from the benzoate of soda any special therapeutic efficacy, let him give it internally, as the experiments narrated show the impossibility of securing its entrance into the body by atomization.

Stammering of the Vocal Cords. By PROSSER JAMES, M. D.

The affection to which attention is here directed is not a mere curiosity. It may entirely suspend the work of clergymen, barristers, singers, and others who make a professional use of the voice, and I have known it to seriously interfere with the business of a mercantile man. It has been familiar to me for some time, but the first account of it was contained in a paper I submitted to the meeting at Cork last August, entitled "A hitherto undescribed Laryngeal Affection."

The disease appears to be due to defective co-ordination of the intrinsic laryngeal muscles. The vocal apparatus fails at intervals to fully obey the will, the failure giving rise to sudden interruptions to the voice, while the articulating power may be unaffected. As, in the generally recognized impediments of speech, the harmonious action of the groups of muscles engaged in articulation is disturbed, so, in this vocal derangement, which I have termed stammering of the vocal cords, there is an analogous laryngeal motor disturbance. The disordered co-ordination, which so commonly interferes with speech, here affects the voice only. The movements required for articulating syllables are perfectly performed, but the production of vocal sound is at intervals suddenly suspended. Syllablization—to coin a word—is complete, phonation defective. The affection may cause the patient to stop speaking, as he is conscious of what he sometimes calls a "catch in the breath;" or he may continue a sentence from which some words will be lost to the listener. A year or two ago, a patient under my care, who suffered from this affection, was careful to explain that though he called it a "catch in the breath," he knew well enough that the stop in the sound had no more to do with respiration than with articulation. A clergyman who suffered from the disease in an aggravated degree, was deeply distressed by his consciousness of the fact that, though he kept on reading the service, some of the words dropped soundless from him, a statement verified by friends who accompanied him, and assured me that his lips moved in the usual way for the utterance of words and phrases which were lost in silence. He had been under treatment for a considerable period, and assured me that he had a "clergyman's throat," which had been attempted to be cured by severe measures, none of which had had any effect on his malady. I found the defective action of the cords, the larynx being otherwise healthy, and was thus able to put him on the road to recovery.

The sudden interruption of the function of the vocal cords is exceedingly difficult to demonstrate. It is not likely to occur during the production of such sounds as are usually emitted in laryngoscopic examinations. I had to watch for a long time, and to devise special methods before obtaining ocular demonstration of this stammering of the vocal cords. Isolated sounds are generally correctly articulated even by confirmed stammerers; so it is in these vocal impediments, the patient can emit separate tones, and may, as could the clergyman named, run up and down the gamut. It is in the rapid emission of certain combinations of sounds that the sudden arrest must be watched for. The vocal cords may, with patience, perhaps be observed at the moment when they hesitate or tremble, at a point not sufficiently approximated for phonation,

where they may seem to move as with a series of ineffectual efforts to obey the will, or display the irregular, paroxysmal, or spasmodic actions seen in the mouths of stammerers. In less aggravated cases there may be less distinct interference with voice production, analogous to the defects of utterance called "hesitation of speech." In fact, I may state broadly that most of the derangements commonly grouped under the expressive term, "impediments of speech," may henceforth be said to have their counterparts in similar vocal impediments occurring within the larynx.—*London Lancet.*

Abstract of an Experimental research on the Physiological Actions of Drugs on the Secretion of Bile.

Croton Oil.—As Rohrig placed croton oil at the head of his list of hepatic stimulants, we made it the subject of three experiments, which convinced us that this substance so slightly stimulates the liver that its effects thereon are unworthy of attention. We are obliged to conclude that Rohrig's method of counting the drops of bile must have led him into error regarding the action of this substance.

Magnesium Sulphate is another substance which, according to Rohrig, is a stimulant of the liver, though a feeble one. Two experiments with this substance convinced us that this is an error. So far from increasing it diminishes the secretion of bile.

Sulphate of Manganese is stated by Ure to be a cholagogue as well as purgative when given to man in doses of from 60 to 120 grains. Dr. R. H. Goolden states that in doses of from 10 to 20 grains it produces large bilious evacuations. Two experiments proved that in the dog sulphate of manganese stimulates the intestine but not the liver. As is the case with sulphate of magnesia, the bile secretion is diminished.

Castor Oil was found by Rohrig to have very little effect on the bile secretion, but two experiments with doses which produced purgation proved that the secretion of bile is diminished when the purgative effect becomes fully established.

Ammonium Chloride.—According to Garrod's *Materia Medica*, chloride of ammonium is "by some considered a cholagogue." Two experiments with this substance enable us to say that in the dog it does not stimulate the liver.

Hepatic Depression from Intestinal Stimulation.—The results of our experiments with sulphate of magnesia, castor oil, chloride of ammonium, and gamboge, show that when a substance stimulates the intestinal glands, but not the liver, hepatic action is depressed, and the production of bile is lessened. We invariably observed that, while slight purgation, by a purely intestinal irritant, scarcely, if at all, depressed the secretion of bile, powerful purgation produced a very marked effect. Why is the action of the liver thus depressed? In our experiments we had to deal with fasting animals, whose intestinal canal contained neither bile nor food. Under such conditions magnesium sulphate could not depress the bile-secretion by diminishing the absorption of substances that augment the formation of bile. Its depressant effect seems, therefore, to be indi-

rect, and attributable either to a drain from the portal blood of bile-forming substances, or to an excessive lowering of the blood-pressure in the liver, as in the system generally, by a large dilatation of intestinal and mesenteric vessels. But when such a purely intestinal stimulant as magnesium sulphate is given to an individual under ordinary circumstances, it doubtless depresses the secretion of bile; not only in the manner just indicated, but also by hurrying out of the intestinal canal substances which would otherwise have been absorbed and would have assisted in the formation of bile. Thus it can not be doubted that, when the bile is prevented from entering the intestinal canal, less bile is secreted by the liver, and there is ample reason for believing that about seven-eighths of the sulphur daily secreted by the liver is re-absorbed from the intestinal canal by the portal vessels, in the form of some sulphur-containing substance derived from the decomposition of taurocholic acid—the sulphur-containing acid of the bile. And it may be that in abnormal states of the intestinal contents, various deleterious matters may be absorbed and hamper hepatic action. Therefore, it is reasonable to suppose that a purely intestinal stimulant, such as magnesium sulphate, although it does not stimulate the liver, may nevertheless in some abnormal conditions exercise an important influence on that organ, by removing deleterious matters from the intestinal canal, and by draining the portal system. We believe, then, that by the discovery of the depressant effect on hepatic action of purely intestinal purgatives, we have furnished the physician with a fact which will not fail to be of service in rational therapeutics.

Resina Podophylli is a very powerful hepatic as well as intestinal stimulant. Its effect on the intestinal mucosa is so irritating that it seems feasible to regard it as contra indicated in cases where there is a tendency to irritation of that membrane. If the dose be too large, and violent purgative action ensues, the secretion of bile, so far from being increased, is diminished. With a smaller but still too powerful purgative dose, the bile secretion, though it may be powerfully raised for a short time, quickly falls as the substance passes down the intestine and induces secretion from a greater and greater number of Lieberkuhn's glands. With somewhat smaller doses the increased bile secretion is much more prolonged, although the hepatic excitement is not so intense at the outset as in the preceding case. It is manifestly of great importance to keep these facts in view in practical medicine.

It seemed to me desirable to test the action on the liver of some substances used by the American "Eclectics," and I selected the following: euonymin, leptandrin, sanguinarin, baptisin, phytolaccin, hydrastin, and juglandin. These substances are prepared by Keith & Co. and by Tilden & Co., of New York. They are not active principles, but only impure resinous matters. Messrs. Keith & Co. have informed me that the crude roots of the plants are dried, crushed, and percolated with alcohol. The alcohol is then evaporated or distilled off, leaving the active principles in the form of an extract, which is then "freed from impurities," dried, and pulverized. How it is freed from impurities is not stated.

Resina Iridis and *Resina Euonymi*, or "Iridin" and "Euonymin"—These

two substances are prepared respectively from the roots of the *Iris versicolor* and *Euonymus atropurpureus*. Both powerfully stimulate, while they do not powerfully stimulate the intestine of the dog. Although not so powerful as podophyllin, they will both doubtless be preferred in many cases to that substance, because of their far milder excitement of the intestine. For not only is the latter in most cases advantageous on its own account, but also because the action on the liver is far less liable to be hampered and diminished by the intestinal stimulation. This, as we have seen, is apt to be the case with podophyllin. Our experiments on the dog led us, and have led many others, to try the effects of these substances on man, and they are of great value. The average dose of iridin is four grains; of euonymin two grains. In either case two grains of extract of hyoscyamus should be added, and taken at bedtime, for without this some persons experience griping. Neither substance produces headache or any sickness. In some persons the above doses of both substances produce a sufficient purgative effect; but in other cases purgation is insufficient or delayed, and griping is apt to ensue. The most beneficial result is obtained by following the dose of these remedies by a mild saline aperient, such as Pullna or Carlsbad water, on the following morning, so that the bile secreted during the night may be fully and quickly removed. I have in my own case noticed slight depression after four grains of iridin, which I never observed after two grains of euonymin. I therefore inferred that the latter is preferable when repeated stimulation of the liver is desirable. It is, however, important to remember that although euonymin usually suffices to quickly remove a slight feeling of biliousness; iridin is, I am convinced, the more powerful remedy of the two, when the tongue is decidedly yellow. I have in such a case been more than once surprised to find that on awakening in the morning after taking four grains of iridin the previous night the yellow tongue and bilious sensations were entirely gone. Since the publication of our results these remedies have come into very general use. Mr. Hardyman, of Gardiff, states that he has used euonymin in two-grain doses at bed-time in over fifty cases of biliary derangements and sick headache, and finds it of much value. Finding that in most cases one dose is sufficient he gives two grains at bed-time on two successive nights, following it each morning with a saline purge.

Resina Hydrastis, or "*Hydrastin*."—The root of the *Hydrastis canadensis* is admitted by all to be tonic, and by some it is said to be aperient, cholagogue, diuretic, antiseptic, etc. "It has been employed in dyspepsia, and other affections requiring tonic treatment, in jaundice and other functional disorders of the liver, as a laxative in constipation and hemorrhoids, and as an alterative in various diseases of the mucous membranes, such as catarrh, chronic enteritis, etc. By some it is used as one of the best substitutes of quinia in intermittents." These and other statements regarding it are made by Wood and Bache, who further aver that a "more precise investigation of its physiological and therapeutic properties is necessary before we can venture to decide its place among medicines." It contains an alkaloid, hydrastia or hydrastin, which has been found to be identical with berberin. The "hydrastin" employed in our

experiments was not the alkaloid, but a resinous substance prepared from the root of the plant by Keith & Co. The dose for a man of this preparation is from one to two grains. Our experiments prove it to be a moderately powerful stimulant of the liver and a feeble stimulant of the intestine. Considering also its tonic properties, it seems to be a substance eminently worthy the attention of the practitioner.

Resina Juglandis, or "Juglandin," is an impure resin prepared as above from the root of the butternut (*Juglans cinerea*). Regarding the properties of the bark of the butternut, Wood & Bache state that it is a mild cathartic, operating without pain or irritation, and resembling rhubarb in the property of evacuating without debilitating the alimentary canal. It was much employed during the late American civil war by Dr. Rush and other army physicians. It is especially useful in habitual constipation and dysentery. Nothing is stated regarding any influence on the liver. An extract of the bark is officinal in the United States. The dose of Keith's juglandin—the substance used in our experiments—is from two to five grains. In the dog it is a moderately powerful hepatic and a mild intestinal stimulant. It seems to be worthy of the practitioner's attention.

Resina Baptisia, or "Baptisin," is prepared as above from the root of the wild indigo (*Baptisia tinctoria*). The root of this plant is said to be a powerful emetic and cathartic in large, and a mild laxative in small doses. Stevens, of Pennsylvania, recommends a decoction of the root in epidemic dysentery. It is said to have proved useful in scarlatina, typhus fever, and in that state of the system that attends mortification. The physiological actions of this plant have apparently not been investigated, and it is nowhere stated that it is a cholagogue. The dose of baptisin for a man is from one to five grains. Our experiments prove that this substance, in the dog, is a hepatic and also an intestinal stimulant of moderate power. It may possibly be found of service as a hepatic stimulant in cases of torpid liver with a depressed condition of the system tending to gangrene. We commend it to the attention of the physician. — *Wm. Rutherford, M. D., F. R. S., in The Practitioner.*

Locomotor Ataxy, and its Connections with Injuries.

Dr. L. H. Petit reaches the following provisional conclusions after a careful examination of a large number of reported cases: Direct or indirect injuries of the spinal column, falls on the back, the buttocks, or the feet, give rise to shock of the spinal cord, and in consequence thereof, to lesions which may become the starting-point of chronic myelitis, and induce the symptoms of ataxy. * * * * * It is probable that in persons predisposed to sclerosis, the arthritic, the syphilitic, the alcoholic, such injuries may, by irritation of the spinal marrow, hasten the development of ataxy. Injuries of this nature can certainly revive an ataxy apparently cured, or hurry on the course of one already existing; while various morbid actions, the suppression of habitual secretions or discharges, of hemorrhoidal or catamenial flow, or of cutaneous eruptions, pregnancy, and intercurrent febrile affections, seem to act in a like manner.—*Revue Mensuelle de Med. et Chir.*

EDITORIAL.***What is the Chief End of Man?***

Ans. "To do a man's work in the world, to do it well, and to do it pleasurably," (new catechism.) It is possible some of my readers may not agree with the new catechism on first sight, and would rather have the old answer, "To glorify God, and enjoy him forever;" and then we answer sharply, that no one can glorify God who neglects to do his work, and fails to do it well. It is plain enough, and I think we will all agree in this rendering, except some lazy souls who would rather sit and sing psalms and pray long prayers than work.

If the work of a man is the practice of medicine, he should make up his mind to do it, and do it well; and should certainly have the reward of pleasure in his well doing. The first step in this direction is thorough study of all branches of the profession, and a training of the senses to quick and accurate observation. It applies equally to the practitioner and the student, for we all need to study, and we are all students. This Journal has not a reader that would not be benefited by a review of his anatomy, and a dissection of such organs and parts as may readily be procured at the butcher's shop. Try it some of these winter evenings on a sheep's (or other animal's) larynx, trachea, bronchia, lungs, heart, arteries, veins, lymphatics; the stomach, liver, spleen, pancreas, and intestinal canal of a hog; bladder and kidney, etc.

I was consulted some two months since in reference to a case of obscure disease of the respiratory apparatus, and the letter from the physician showed that he was very rusty in his anatomy. I suggested a visit to the butcher, and a thorough dissection of the respiratory apparatus and heart. The doctor wrote me last week, "I am very much obliged for your suggestion; the dissections have been the most interesting I have ever made, and I will be better able to look after such cases in the future."

A review of our physiology is very profitable, especially when associated with such examinations of the living body as will illustrate the teachings of the book. The dissection of some worthless cur, under chloroform, to see the workings of the heart and respiratory apparatus, is a profitable study, and a complete dissection of the brute will be very interesting. If this study of physiology is followed by a re-reading of "Principles of Medicine," the practice of medicine will be easier. In short, a thorough preparation, in medicine as well as in other things, is necessary for good work, as it is necessary for pleasant work; and this is not restricted to a first preparation, but includes continued study.

Now let the physician systematize his business, making his hours of work as regular as possible, arranging his trips to do the most service by traveling the fewest miles, and especially reserving a certain time for "office hours." I have the testimony of men practising in the worst sections of country, that it can be done if the physician makes a vigorous effort.

With a clear head, and an economy of time, the doctor can do a very great deal of work, and have pleasure in the doing. It is a pleasure to fight the battle with disease successfully; it is a pleasure to have the

good will of men, women, and children in the community, as we may have it; it is a pleasure to be looked up to as a man competent to give good advice in almost any emergency; and it is a pleasure to grow up with the community, as a good citizen, a good business man, and have the evidence of a substantial prosperity about us.

Let us understand clearly that the practice of medicine is a business, to be conducted on business principles, and to this we add the charity that relieves the poor without hope of reward, except that which comes from well doing. If it is not regarded in this light, then the physician will be likely to find his life a failure.

The Truth of Specific Medication.

If any one could look over the letters received at our office this first of the year, he would not wonder that we feel a moderate degree of enthusiasm in the propagation of the new practice. Letters from regulars, homœopaths, and eclectics, all say the same thing—"Specific medication is a success; we are thankful for what we have, and we want more." If I believed in this kind of thing I could print pages of "testimonials;" but the fact is, the doctrine is so well established that it can make its own way in the world.

It is true that it requires an extra amount of study at first, and a training of the senses that the ordinary routine practice does not demand; but then the study is much simplified by the books, and one is not obliged to learn it all at once. Three small volumes suffice—*Principles of Medicine*, *Specific Diagnosis*, and *Specific Medication and Specific Medicines*. Treat a few cases of infantile pneumonia with Aconite and Bryonia, or Aconite and Ipecac; asthenic bronchitis of children with Aconite and Lobelia and the larded cloth sprinkled with compound powder of Lobelia and Capsicum, and you will appreciate the difference between the new and the old. Try a few cases of the typhoid fever of this year with Aconite and Baptisia alone; a few cases of diphtheria with Aconite and Phytolacca alone, and my word for it, you will have an appetite for specific medication. But why should I say this to readers of this Journal? they have tried it and it has not failed them.

It is well enough for teachers of medicine in Chicago to ask, "Who knows?" and put themselves right on the record. People have long been convinced that whatever others might know, they know nothing in that windy locality, and are not likely soon to learn. "None so blind as those who won't see."

Dispense your own Medicines.

The *Journal* has steadily advised physicians to dispense their own medicines, as being in all respects better for both physician and patient. In these days of small doses of good remedies, it is very easy to do this, and the expense of medicines is small. I know from a quarter of a century's experience that patients prefer their medicine from the physician, as it saves them time, trouble, and expense, and gives confidence. I dispense nearly all my medicines, not writing on an average more than one prescription a week.

The tinctures that we employ are easily dispensed—5, 10 to 20 drops to half a glass of water, or a four-ounce bottle of water at the office, is the average proportion—dose one teaspoonful. Of course I am speaking of good sound tinctures, and not dirty “fluid extracts.” When a manufacturer labels his fluid extracts, “Give twenty drops to one drachm,” you had better look elsewhere for your medicines.

A physician needs to learn that good medicines are clear, nice-colored, and readily miscible with water, the mixture being permanent. After he has wasted his money on “new preparations,” fancy pharmacy, *et id omne genus*, he will learn to avoid such houses, unless he wishes to waste his hard earnings on these industrious druggists.

“Office prescriptions cash,” is a very good sign to put up in the office, and if the physician looks after it carefully, it will soon furnish him pocket money. The prescription is put in a bottle, that the patient may know that he has value received, and he will then pay his 75 cents or \$1, and not tell you to charge it. Chronic cases having their medicine for from a week to a month, pay in proportion to time.

Water, says Prof. Locke, is always dispensed from a bottle, for if the patient sees that it is from a pitcher, cistern, or well, it does not make the right impression. “The poor you have always with you,” and physicians are not allowed to forget it; and as even bottles and corks cost money, we may prepare the commoner medicines in a different way. Tinctures of Aconite, Belladonna, Rhus, Veratrum, Bryonia, and all the stronger tinctures, may be rubbed up with sugar of milk, and then dispensed in powders, grs. x. to xv.; put in a half glass of water, and give a teaspoonful every hour.

Honorable Journalism.

We have had a most serious difficulty with the Illinois State Board of Health, and by an arbitrary ruling the graduates of the Eclectic Medical Institute of June 3d, 1879, were refused their certificates. To their credit be it said, no *honorable journal* in the United States, either regular or homœopathic, noticed the action of the Board, waiting the settlement of the affair before discrediting an institution which has an honorable record of over thirty-five years. For this courtesy they have our most sincere thanks.

Our Eclectic journals were quick to take it up, and have made the most of it—indeed, making much more of it than there was. They can be excused for this friendly feeling by their poverty; they were so hungry they would eat their own mother.

We do not complain, but we think that to put themselves right on the record they should have been quite as eager to publish the fact of the settlement of the difficulty when the information was furnished them; especially when it was settled on the basis of the Eclectic Medical Institute announcement. By-the-by, when we get into a little difficulty we usually come out on top, and it would be well for our enterprising friends to put that in their pipes and smoke it.

Topical Medication in Diseases of Women.

Whilst I advocate the cure of a majority of the diseases of the reproductive apparatus by the use of remedies acting from the blood, I concede that there are some which require local treatment. These are, especially, cases of disease of the cervix or cervical canal, or uterine cavity. I object to the frequent use of the speculum, as it is not only unnecessary, but demoralizing to both patient and physician; and when it needs be used, it should be done with great care, and with as much regard to the patient's sense of delicacy as possible.

In many cases the speculum may be introduced with the patient on her side, the nates being brought to the edge of the bed. But when the uterus is heavy and lies low the best position is on the back, the drawers being so arranged as to prevent undue exposure.

I still like the cylindrical glass speculum better than any other, and believe that for all ordinary purposes it will give the best satisfaction. Many of the new metal speculums are perfect abortions, and one will be continually wishing the manufacturer had them where he intended them to be used. The old four-bladed Ricord speculum is certainly the best metal speculum in use.

Recollect, in using the speculum, that in the majority of cases the neck of the uterus lies on the recto-vaginal wall, the fundus being thrown forward. If, now, you want to bring the cervix into the speculum readily, pass it almost directly backward until it reaches the recto-vaginal wall, and then upwards until it engages the cervix. A little care in this matter will save much trouble.

Erosion and ulceration of the cervix and os can be readily detected with the finger—quite as readily as with the speculum. Even a slight ulceration may be sufficient to produce cervical leucorrhœa, bearing-down, prolapse, pain in the back, and impairment of the general health. Rest, cleanliness, perineal and abdominal support, and the internal use of Aconite, Caulophyllum, Rhus, Ignatia, Pulsatilla, Graphites, Cuprum, Arsenicum, as indicated, will cure a large number of cases. But if the patient does not improve as we would wish, we propose to cauterize and cure the ulceration.

I very greatly prefer nitric acid to the old-fashioned nitrate of silver. A pine pencil is fashioned to reach the affected part, dipped in nitric acid, and applied so as to thoroughly whiten the diseased part. This need not be repeated oftener than once a week, and many times one or two applications will suffice. In some cases the application of the acid must be very thorough, and the stick is wetted three or four times. There are cases in which the potassa-cum-calce will be the better remedy; these are associated with great hypertrophy of the cervix. There are others of a similar character where chloride of zinc will be the better remedy, but these cases are very few.

Disease of the cervical canal is nearly as common as ulceration of the cervix. It is readily diagnosed by the touch, the finger almost passing into the patulous canal, and on examination with the speculum a glairy, tenacious secretion will be seen exuding from the os. The most successful local treatment I have ever employed in these cases is the nitric acid,

applied with a pine pencil shaped to reach the entire cervical canal. It should be of good size, so that the simple introduction is sufficient to reach the entire surface. I have used them a full half inch in diameter an inch and a half from the point, which was a full quarter inch. Such a pencil is allowed to stand in the acid until thoroughly wetted, and then the free acid is wiped off with a cloth.

In all this I do not wish to be understood as trusting to local applications alone, for I place great stress on the general treatment, and remedies that exert a special influence on the reproductive organs and function. In severe or stubborn cases rest is of the greatest importance, and this includes, mental rest, physical rest, and sexual rest. A patient going from home for treatment will have a much better chance of cure, as a rule, than one remaining at home; yet, with care and good advice, the cures will be very good at home.

The Volta-Belt in Diseases of Women.

I think very highly of this apparatus, advertised in the *Journal*, though I am afraid my recommendation comes too late for the manufacturers, who have gone out of business. Still the belt will be manufactured and for sale by some one, and we will soon learn who is doing it.

This belt gives a constant current, and a very great intensity, by the number of cups (12 to 20), and is very much better than the ordinary battery with the induced and broken current. The strength is so great that if I choose I can carry it to removal of the epidermis and suppuration. If there is irritation, a too active circulation, and excitement of the organs, the positive pole is applied above the pubes, and the negative to the back. If there is atony and enfeebled circulation, with sense of fullness, weight, and dragging, the poles are reversed—the positive to the back, the negative above the pubes. In prolapse the same rules are observed, the pole being applied to the perineum, or within the vagina, instead of above the pubes.

I am now experimenting with another apparatus, which I hope will answer a similar purpose, and at the same time serve as an abdominal and perineal supporter. If it prove good, it will be noticed in the *Journal*.

The New Cure for Consumption, Benzoate of Soda.

Considerable stir has been made by the announcement through the *Wiener Med. Wochenschrift* of the discovery of a "miraculous cure" of consumption, by Prof. v. Rokitansky, jr. It consists in the inhalation of a five per cent. solution of benzoate of soda, with an atomizer. The following quotation gives some account of it:—

GREIFSWALD, 30 Sept., 1879.

Hochgeehrter Herr: In regard to the newly discovered *wundermittel* discovered by Prof. v. Rokitansky, in Innsbruck, for the cure of tuberculosis, the *natrum benzoicum*, I take the liberty of saying that I first used it in tuberculosis processes of lower animals. My investigations regarding the genesis of scrofulous and tuberculous inflammations of the joints (see my preliminary communication in the *Centralblatt f. Chirurgie*, No. 43, 1878, and No. 19, 1879), led me to the conviction that they depended

upon a localization of the infecting substance in the artificially contused joints. Definite experiments convinced me that the micrococci contained in the tuberculous virus I selected for my inoculations constituted the infecting substance, as was first pointed out by Klebs.

By a repetition of Klebs' breeding experiments I could collect these micro-organisms, render animals tuberculous by means of them, and thus confirm entirely the statements of Klebs. A part of these my breeding experiments were conducted by one of my former pupils, Dr. Reinstadter, in association with me, and the results were published by him in his dissertation in the *Arch. f. Pathologie*, No. 11, under the title "Ueber Impftuberculose." (inoculation tuberculosis.)

After these demonstrations I commenced some therapeutic experiments and selected first the benzoate of soda, aqua creosoti, and other agents which are known to have an "antibacterian effect." It now occurred to me to study the effects of these agents on tuberculous affections of the joints. I soon discovered their very remarkable effects and continued my investigations.

I communicated my first observations to our medical society here February 7th, 1879, and then published them in the *Arch. f. experiment. Pathol. u. Pharmacologie*, Vol. ii, p. 84. Since this time I have been continually at work and am now able to confirm all the statements made at first.

It was these observations that induced Prof. v. Rokitansky to try the remedy, benzoate of soda, on man. I rejoice that he has succeeded in obtaining the same results in man that I obtained in the lower animals, but I may remark that we have already made the same observations upon man here.

DR. MAX SCHULLER,

Privatdocent Assistent Arzt der Chirurg. Universitäts-Klinik.

The *Wiener med. Wochenschrift* appends to this letter the following remarks:

This matter is certainly important enough to excite further experiments, even if the cases in which the signs of "tuberculous cavities" disappeared so rapidly should turn out to be only bronchiectatic dilatations after emphysema and chronic catarrh, conditions far more frequently met in Tyrol than pulmonary phthisis, which is rare. For these diseases are also obstinate to treatment and are often dangerous.

We are, however, in position to communicate a letter from Dr. Krocak, of Innsbruck, to one of his patients received a few days ago. The patient had seen in a daily paper an account of the newly discovered cure of tuberculosis and addressed himself to the physician from whom he received the following response:

INNSBRUCK, 24 Sept. 1879.

Euer Wohlgeboren: Our new method of treatment can only be conducted under medical supervision, and may not be properly described by letter. We use one part of benzoate of soda in a five per cent. solution twice daily, to the thousand of the body weight, by means of a good atomizer for seven weeks without interruption. With it, we enjoin the abundant satisfaction of the rapidly returning appetite with meat diet, fresh air, and abstention from all debilitating causes. You may get a good and tried apparatus at O. Kements, apothecary at the "heil. Anna."

DR. KROCAK.

But hardly have our physicians gotten fairly to work spraying their consumptives with the benzoate of soda, than comes the word that it is proving a failure in Vienna, where it had its birth. But in the meanwhile our Prof. Lloyd has been kept busy manufacturing the salt for use in this city, and presently we shall have some home reports.

Whilst I have no very great faith in the new treatment, I do not think it can do much harm. But instead of the steam atomizer employed, I

should much prefer the air spray, the little Essex apparatus being a most excellent instrument.

I am inclined to believe that the "new pathology" of tuberculosis is another instance of "disease germs" gone mad. It is true that to a limited extent pulmonary tuberculosis is contagious; but it is equally true that it can be grown by bad food, bad air, and want of light, and that it will grow itself, even with the best hygienic conditions, in children of tuberculous parents.

John Buchanan and the Philadelphia Nastiness.

Again they have caught him doing dirt in the matter of a woman and abortion, (see Philadelphia papers of Jan. 3d, and Cincinnati Enquirer, Jan. 4th,) of which we do not care to publish the details. This Buchanan professed to be an Eclectic, but we gave him the cold shoulder so vigorously that our school of medicine escaped the censure that followed his evil practices. But some of our Eclectics thought we were persecuting the man, as they think we persecute others when we are showing up some of their crookedness. But time has proven that we took the right course in the matter, as it will prove that we were right in other things.

I suppose that our Chicago people will begin to regret that they went to bed with the aforesaid John, some five or six years ago, and adopted his books as the text-books of their college (?). We wouldn't wonder if *kyestine* could have been found in their urine since that time.

What would You Teach?

As the question of an Eclectic department in the University of Michigan and some other States is being agitated—and the Eclectics certainly have as strong claims upon the state as the Homœopaths—the question of teaching becomes a pertinent one, and one that needs to be settled. If the Eclectics of Michigan are to make a successful appeal to the Legislature for recognition in the University, they must show that they have a distinctive practice of medicine, well defined, with a respectable literature and text-books, and that it is different from either the "regular" or the Homœopathic now in the University.

It will not do to say that we are Eclectic because we "choose the best from all sources," for your "regular" makes this claim, and will bring evidence to support it. And then if we can not show that we have some well defined rule for selection, or that our judgment is better than our neighbors, we might be convicted.

It will not do to base our claims to recognition upon our discarding mercury, blood-letting, antimony, arsenic, and the antiphlogistic treatment, because very many "regular" teachers have also discarded all this, and the question is not what we don't teach, but what we do teach; not our ability to tear down the medical structure of another school, but to show a fair and comely habitation of our own.

Now I am free to say that there is a very great deal of teaching called Eclectic that is simply a dilute old-school medicine. It is neither the

old-fashioned Eclectic evacuant plan, nor the modern use of remedies for their specific effect. It professes to choose from all sources, but only chooses from one, and that one "regular." The very shadow of Homœopathy puts it in mortal terror, and it makes no attempt to glean in this field.

The question is pertinent, and must be answered in a few years—"What would you teach?" If I were answering it I should say—

Yes, we have a definite system of medicine, and it is *Specific Medication*. Yes, we have a series of text-books, of which any school might be proud, and they are published in Cincinnati.

Desquamative Nephritis. Albuminuria following Scarlet Fever.

Enough stress has not been laid upon the necessity of very great care in the use of remedies that act upon the kidneys. This is especially the case with the alkaline diuretics, with chlorate of potash and bromide of potassium. If one will turn to the article on scarlet fever (my *Diseases of Children*), he will notice a recommendation to use acetate of potash dissolved in considerable water or in an infusion of some mild diuretic, the object being to have it in very weak solution. But even this is replaced further on by a salt of ammonia. In another edition it will be wholly taken out.

If one observes the urine growing scanty, nothing is better than an infusion of spearmint (weak), if it can be taken, with Apocynum if there is a suspicion of nephritis or albuminuria.

In the treatment of these cases I place very great dependence upon Apocynum in small doses, using it with Aconite, Rhus, Macrotys, Sticta, Apis, Belladonna, etc., as may be indicated, or, if there is no indication for them, using it alone. A small sac of bran sprinkled with oil of origanum, will be found an excellent local application across the loins.

Diseases of the Season.

The fall and early winter has been quite healthy throughout our country, but about the middle of December came word of diphtheria, epidemic tonsillitis, scarlet fever, some pneumonia, and a few outbreaks of typhoid fever. January will give a good deal of sickness, and if this open weather continues we may expect a sickly spring; diphtheria, diphtheritic disease, pneumonia, and typhoid-fever being the severer forms of disease.

We have had four cases of typical typhoid fever, in the winter class, two cases running the twenty-one days, one closing the sixteenth, the other the seventeenth. Some half-dozen or more students showed the early symptoms (forming stage), but the disease was aborted by prompt treatment. These with three patients on the outside of the class, have been treated with aconite and baptisia, ipecac being used for the diarrhoea, and the success has been most marked. This would show that baptisia is an epidemic remedy for the winter of 1879-80.

Diphtheria has been mild in this city, though in many cases the ashen,

exudation and enlarged glands were very marked. I am inclined to believe that the endemic or epidemic tonsillitis that we have had so much of the past three years, is diphtheritic in its nature.

I have used aconite and phytolacca with uniform success, and with much satisfaction to myself and patients. Some cases have wanted baptisia, a few rhus. Similar reports came from different sections of the country, though in a few localities the disease has been very severe, and a corresponding mortality. But this treatment has been much more successful than that usually employed.

Pneumonia has been treated with aconite and bryonia, or ipecac, with hot water to the chest the first day. The bryonia has been indicated in a larger number of cases than ipecac, the patients suffering from pleuritic pain. This has been markedly the case with children—something that I have not observed for some years.

Scarlet fever, has not been as severe as in some seasons, but there have been a few cases in which the disease was very malignant. I have used aconite and belladonna in the usual small dose, with bromide of ammonium if there was great nervous irritation or threatened convulsions. Hot applications over the stomach to check vomiting, hot applications to any part if the patient complained of pain, and general hot baths to bring the eruption to the surface and keep the skin in good condition. Fatty inunction has not answered so well this year. No local applications to the throat, and no gargles, and patients have not suffered from disease of the cervical lymphatics.

Specific Medication in Yellow Fever.

We have had some favorable reports from the use of specific medication in yellow fever, but have waited to have a more complete account. Dr. D. M. Currey of Baton Rouge writes—"That following 'specific diagnosis' and 'specific medication' and observing closely the indications for remedies, I have had most excellent success in my practice, and especially in yellow fever; observing the phases of the tongue, giving the alkaline sulphites in the pasty-white, and acids in the red tongue, I have promptly stopped the vomiting and ameliorated the other symptoms. I have also found much benefit from gelseminum in determination to the brain, and belladonna in congestion."

Having no experience in the treatment of yellow fever I do not know just how much may be expected from remedies, but this I am sure of—that direct medication will give a much greater success than the ordinary routine pursued by the regulars.

Indications for Remedies according to Homœopathy.

In the next issue of the *Journal* we will commence the publication of a series of papers by a prominent Homœopath, on "Remedies and their Characteristic Symptoms." These papers will take up the principal articles of the materia medica, and can not but prove interesting. Those who are frightened at the shadow of Homœopathy can commence whistling their courage up; those who are Eclectic in fact, and who "choose the best from *all* sources," can look the matter over carefully, and appropriate all that is good.

Buy your Medicines of Eclectic Druggists.

Why should I give such advice in the pages of the Journal? For the very good reason that we have never secured any help outside of our own school, and these "Eclectic druggists" have helped us to fight the battle of the last thirty five years. They have done a good work for us, even though competition and low prices have forced them to make inferior medicines at times. Yet they have always been very much better than other manufactures. If I forget my friends, "let my right hand forget its cunning, and my tongue cleave to the roof of my mouth": likewise my enemies.

If you ask me which house you shall buy at, I answer—of any that has been sailing steadily under Eclectic colors. Say to them that you want good medicines, of fresh crude material gathered at the proper season, and for this you will pay a good price. If any article is not satisfactory you will return it at their expense. It is always best to buy of first hands, and deal directly with the manufacturer.

If you catch a drug house lying in any one thing, even the appropriation of credit belonging to another, as—this agent, "first introduced by us," you had better let them alone. If you find them busily engaged in defaming others outside of their business, or running a muck against prominent Eclectics, the sooner you throw them up the better. If you find an outside drug house affiliating with the old-school, continually intermeddling itself with Eclectic matters, turn their face to the wall and let them die.

We have had an experience in these matters from the first (50 years), which should not be forgotten, and it reads plainly—"Those who are not for us are against us."

Medical Teaching in Chicago (Regular).

Chicago is a great country, and includes a State having a "Board of Health," and people who are continually talking about "elevating the standard," and thus make doctors virtuous and people happy. People on the outside say that it is much given to wind, and sometimes it is *bad* wind. The Eclectics are not the only feeble people; indeed mental feebleness seems to be constitutional in that country. But to the point, and I make a quotation from a clinical lecture at Cook County Hospital:

"There are two kinds of kidney disease, called the acute and chronic. The acute may become parenchymatous or interstitial, and when it becomes chronic, it is then we have the waxy kidney. These affections are all known as 'Bright's disease of the kidneys.' These cases are all attended with albuminuria. This can not be said to be a characteristic symptom."

There is lucidity for you, and young gentlemen can not be too thankful for such erudition. Simple classification—*two kinds of kidney disease*—and wonderful precision—*the acute may become interstitial*—and then again, *it may become chronic*—and then, (the fates preserve us!) we have waxy kidney. They are all known as Bright's disease, are they? Poor Bright, he would have died of *morborum*, if he could have known how they would take his name in vain in Chicago.

How do our Eclectic and Homœopathic Neighbors like this?

"Our reporter, in an interview with the editor of the *Chicago Medical Examiner*, a new semi-monthly journal in the interest of the 'regular' practice of medicine, succeeded in drawing out the plan and object of the Allopathists in establishing 'Boards of Health' and procuring the enactment of stringent laws regulating the practice of medicine. The 'regular' editor said, in substance:

"In order to accomplish anything successful in the future, we must, for the present, unite with the quacks. It is well known that most of those who profess to be Homœopaths and Eclectics are ignorant quacks. But I am in favor of extending our 'code of ethics' so as to counsel with them. In no other way can we so effectually show up their ignorance. The few educated and worthy men among them will soon be brought to join us and then we can drive out the rest. I would not treat them as I would a 'regular' physician in consultation, but would hold the consultation in the presence of the family, so that I would not give them an opportunity to lie about what was said. For my own part I am ready to perform a surgical operation for any of them, and if the Medical Society desire to make any fuss about it I will defy them. There has been a good many thousand dollars put into this journal and its success is secured, and it will labor to secure these objects. It may take five or six years to bring it about, but when we have absorbed all the educated and talented physicians from the ranks of Homœopathy and Eclecticism we shall discard the balance and procure laws to suppress them.

"This is just what we said a year ago. The Allopathists will appear to combine with the Homœopaths and Eclectics as long as they can use them, and when they think they will need their assistance no longer will turn upon these accomplices and in the end crush them.

"Who among the liberal practitioners is prepared or preparing to sell his principles for place or power among these conscienceless medical bigots, and thus help on the work of destroying his old time friends and co-laborers, rather than stand up for his principles and fight manfully for that freedom which is his and their inalienable birthright?—*Philosophical Journal*.

Our liberal brethren who have been hob-nobbing with the old-school had better take these things into prayerful consideration. If they want to be *regular*, let them go, but if they prefer to stay with us, the sooner they get rid of their lust for regularity the better.

Boards of Health.

We have not the slightest objection to "boards of health" if they are organized to look after the health of the community, and not to look after the interests of doctors, and to make a close corporation in medicine. The proposed State Board of Health in New York is after the right method, if they can have competent men, and keep it out of politics. It does not propose to regulate the practice of medicine.

What is needed especially is, that these offices should be filled by competitive examinations. A Board of Health to be effective should consist of a sanitary engineer, a geologist, and one or two physicians who have made sanitary science a study and have made a reputation in this line. Such a board would be of great service to any state.

Laws Regulating the Practice of Medicine.

Read Prof. King's paper carefully, turn to the January number and read the editorial. And having made up your mind that we are right in this matter, exert what influence you can upon your representatives in the legislature. Have the petitions well signed, put your own names to them with such other physicians as you can get, and forward them to me at once.

No Free Consultation Letters this Year.

The last year I answered over one thousand consultation letters, but during the past two months I have been obliged to let some of them go into the waste basket. I have been overworked, and this is one of the burdens I propose to lay over for a year at least. Not that I do not like to do it, for I am always glad to give any assistance I can, and I acknowledge the claim of any one of our old students in this matter.

Liver Pads.

Thinking that our readers would be interested in having a "post mortem" and analysis of one of the "pads," we have had one purchased from first hands and submitted to examination. It is called the "Holman Liver Pad," and has made quite a reputation and has a large sale.

The pad is made of drilling, and filled so as to be about one-half to three-fourths of an inch in thickness. The contents are: Ground flaxseed, ground Fenugreek seed, 50 per cent; pitch, resin galbannum or olebanum, resin sandarach, 45 per cent. The remainder is probably composed of aromatics. The fenugreek seed gives the peculiar odor, though this is changed to a limited extent by the resins and aromatics.

The College.

The Winter Session just closed has been more than usually successful, having had 141 students in attendance, four-fifths of them being first-course students. They have been young, good looking, well educated men, and we hope to have good reports from them as physicians.

The Spring Session opens well, and will show a large proportion of graduates. We have reason to believe that it will number nearly or quite as many as the winter. Let those intending to come, come at once. There will be extra advantages in the study of practical anatomy, dissecting material being abundant and cheap.

Dr. Band's Prize Class.

It will be recollected that Dr. Charles Band, of Crete, Nebraska, donated \$100, to be offered in prizes this Winter Session. It was divided into three, \$50, \$30, and \$20, to be given to the three junior students who should pass the best examinations on these three departments: Anatomy, Chemistry, and Physiology. These examinations were based upon the marks obtained in the general quiz during the Session, and a special examination held at its close.

The first prize was taken by Mr. Paul T. Butler, of Manchester, Indiana, with an average of 96 per cent.

The second prize was taken by Mr. James S. Hayes, of Maquoketa, Iowa, with an average of 88½ per cent.

The third prize was taken by Mr. Harry B. Ludwig, of Burr Oak, Michigan, with an average of 86 per cent.

Dennis J. Brannen, of Champaign, Ills., George A. Neal, of Greenup, Ills. and F. M. Cornell, of Goshen, Ind., deserve honorable mention; as they fell but little below the last average. Indeed the entire class did themselves credit, and those who failed to take a prize, will be sure to get it in the future, for sturdy work rarely loses its recompense.

King's Chronic Diseases to Journal Subscribers for \$10.

We have a limited number of King's Chronic Diseases, which we propose to sell to *Journal* subscribers during the next *three* months, at the very low price of \$10. This will be the last opportunity to procure a copy of this most valuable work, for owing to its size, 1,700 pages, and the great expense attending its publication, it will never be republished.

It is needless to say a word in recommendation of Prof. King's writings, for they are in every reader's library, and have been standard works of our school. This work he regards as the great work of his life, giving the results of a large experience in chronic diseases

Journal Business.

Let me say again, in reference to Journal business, that we are obliged to do it very methodically. We have over 5000 individual accounts on our Journal books, and they are kept by quadruple entry. I see the cash book and make the first entry, the book-keeper posts the books, and the mailer writes the wrappers. Bills go out to all alike, postal cards to all alike, and when a given time delinquent, the Journal stops on all alike.

I have some old and very good friends who occasionally get caught behind, and they feel sore that these things happen to them. But they will please recollect, that I never know who is getting the Journal, and who is not. Of course I do not like to be reminded that I have been persistently dunning an old friend, or that I have stopped his Journal. Please accept this apology.

The Eclectic Medical Society of Missouri.

The eleventh annual session of this society was held in the American Medical College, St. Louis, commencing January 15th, 1880, and holding two days. At the calling of the roll the following officers responded: J. T. McClanahan, President; J. T. Kent, Vice President; J. W. Thrailkill, Secretary; E. Younkin, Treasurer; J. E. Morris, Corresponding Secretary; and George C. Pitzer, Foreign Correspondent.

The attendance was unusually large, many counties in the state being represented—some by two, and others by three delegates. Quite a number of the Illinois members were present—Wheeler, Turner, Bennett, Hob-

son, Clyde, Stevens, Ellis, Wilcockson, Coffield, Clark, Stout, and others. The session was a most interesting and pleasant one, nothing occurred to disturb the harmony of the proceedings in any way. Many interesting cases were reported, clinics presented, surgical operations performed, essays read, speeches delivered, and the usual business transacted in a manner satisfactory to all.

On the evening of the second day the following officers were elected and appointments made for the ensuing year: President, E. Younkin; Vice-President, John W. Thrailkill; Recording Secretary, J. T. Kent; Treasurer, Wm. M. Gates, of Carthage; Corresponding Secretary, J. E. Morris; Foreign Correspondent, George C. Pitzer. Censorial Committee—D. B. Huddleston, H. H. Brockman and P. D. Yost. Orator—W. V. Rutledge. Executive Committee—J. H. Wright, A. Churchill and F. McClanahan. Essayists—P. D. Yost, J. E. Morris, J. A. Munk, J. M. Wilhite, Wm. M. Gates and A. Churchill, of Missouri; R. F. Bennett, Wm. D. Turner and A. W. Foreman, of Illinois. Representatives to National Eclectic Medical Association, to meet at Chicago, June 16th, 1880—J. T. Kent, W. R. Coryell, George C. Pitzer, P. D. Yost, W. V. Rutledge, J. T. McClanahan, J. E. Morris, A. Merrell, C. F. Kaltmeyer, E. Younkin, A. Churchill, Wm. M. Gates, H. H. Brockman, J. H. Wright and J. A. Munk.

J. T. KENT, *Secretary*.

BOOK NOTICES.

ANATOMICAL ATLAS. Parts II., III., and IV. of the large Anatomical Atlas, by Prof. Jeancon, will be ready for delivery Feb. 1st. Orders may be addressed to Thomas C. Hannah, M. D., this office.

MEDICAL CHEMISTRY, including the outlines of Organic and Physiological Chemistry, by C. GILBERT WHEELER. Second edition, revised. Philadelphia, Lindsay & Blakiston; Cincinnati, Robert Clarke & Co.

If one is moderately well posted in physics and the elements of chemistry he can read this work with great advantage, indeed a very meagre chemical knowledge would be sufficient to make it instructive. Chemistry has made wonderful strides in the past quarter of a century, and in no direction more than in that treated in this work. The time is coming, when a physician will not be regarded as well educated who does not at least know its principles.

WANTED—Situation with some physician who has more practice than he can attend to; speaks German, graduate of E. M. Institute. Address Dr. A. P. HAUSS, care J. M. Scudder.

PARTNERSHIP WANTED—A physician of 7 years practice, in good professional standing, and a graduate of the Eclectic Medical Institute, wishes a partnership with a good physician who has more practice than he can attend to or who wishes to retire soon. Prefer a County seat, rail road town of from 1,000 to 5,000 inhabitants. Can furnish references. Address "PHYSICIAN," care of John M. Scudder, M. D., Cincinnati, Ohio.

WANTED—to locate with a physician; will take the business in two years if desired; or a good place to locate, without bonus, by an experienced physician. Address DR. SMITH, Rochdale, Worcester Co., Mass.

WANTED.—Subscribers to Prof. J. A. Jeancon's Anatomical Atlas, issued monthly, consists of forty-five parts, each part containing four large plates, with explanatory text. See November Journal, page 533. Price 75cts. per part. Parts I—II—III & IV, are now ready for delivery, and will be sent by mail, on receipt of price. Address

DR. T. C. HANNAH, 228 Court St. Cincinnati, Ohio.

Receipts for Journal to Jan. 23.

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Standard of Strength—Sixteen Troy Ounces of the Drug
to the Fluid Pint.

The following list embraces many of the more important remedies from plants of American growth, the medicinal qualities of which are known to be injured by the *drying process*; in all such cases we use the *Green or Fresh Root, Bark or Plant*, gathered specially for us when in its prime. Some kinds are prepared *FRUSH*; others partially or wholly dried, but all gathered especially for our Laboratory; carefully handled; and immediately prepared into Fluid Extracts. The menstruum employed is *Alcohol* selected for *strength and purity*, whereby the non-medicinal elements are rejected, and the liability to deterioration avoided.

The reputation of our Green Plant Preparations is so well established, and their superior merit so apparent to all Physicians who have tested them in their practice, that we place them in a special list, in order that those who wish to give them a trial in comparison with other preparations may see at a glance what articles are included in this line.

The additional cost of procuring the crude material at the right season, and the fact that strong Alcohol is used in nearly every instance, compels a slight advance over the price of the same remedies when made from the *dry drug* of commerce.

These Fluid Medicines are supplied largely to Homœopathic Pharmacies; and have the unqualified endorsement of many prominent members of this branch of the Profession.

When ordered in less quantities than one pound, we add 20 cents per lb. in quarters; and 10 cents in half pound packages.

— NET PRICES. —

	Per lb.
Ailanthus.....	\$2 25
Arbor Vitæ.....	<i>Thuja Occidentalis</i> 1 50
Bearsfoot.....	<i>Polymnia Uvedalia</i> 2 00
Berberis Aquifol.....	3 00
Black Haw Bark.....	<i>Viburnum Prunifolium</i> 1 25
Black Root.....	<i>Leptandra Virg</i> 1 25
Blue Flag.....	<i>Iris Versicolor</i> 1 25
Bugle Sweet.....	<i>Lycopus Virginicus</i> 1 25
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Cactus Grandiflor.....	Green Plant..... 6 00
Cactus Grandiflor.....	Fresh Flowers, Imported..... 10 00
Celendine Garden.....	<i>Chelidonium Majus</i> 1 25
Cereus Bonplandi.....	Green Plant..... 6 00
Cohosh, Black.....	<i>Macrotys Ras</i> 1 35
Cotton Root Bark.....	<i>Gossypium</i> 2 00
Euphorbia Hypericifolia.....	Substitute for Ipecac..... 2 00
Evening Primrose.....	<i>Oenothera Biennis</i> 2 00
Fringe Tree Bark.....	<i>Chionanthus Virg</i> 2 00
Gelsemium.....	<i>Gelsemium Semp</i> 2 00
Grindelia Robusta.....	2 50
Grindelia Squarosa.....	2 00
Hellebore Amer.....	<i>Veratrum Vir</i> 1 50
Indian Turnip.....	<i>Arum Tryph</i> 1 25
Ladies' Slipper.....	<i>Cypripedium Pub</i> 1 50
Life Root.....	<i>Senecio Gracilis</i> 1 25

[Next page.]

Green Plant Fluid Extracts—Continued.

Lobelia, Herb.....	<i>Lobelia Inf.</i>	1 25
Peach Leaves	<i>Amygdalus Persica</i>	1 25
Penthorum Sedoides	<i>Virginia Stone Crop</i>	2 50
Pleurisy Root.....	<i>Asclepius Tub.</i>	1 25
Poison Oak	<i>Rhus Toxicodendron</i>	2 50
Poke Root	<i>Phytolacca Dec</i>	1 25
Ptelea.....	See Wafer Ash Bark.....	1 25
Scull Cap	<i>Scutellaria Lat.</i>	1 50
Skunk Cabbage	<i>Symplocarpus</i>	1 00
Stillingia Root.....	<i>Stillingia Syl.</i>	1 75
Stone Root.....	<i>Collinsonia Can.</i>	1 25
Stramonium Leaves.....	<i>Datura Stram.</i>	1 05
Turkey Corn	<i>Corydalis Formosa</i>	2 00
Unicorn Root, True.....	<i>Aletris Far.</i>	2 00
Unicorn Root, False.....	<i>Helonias Dis.</i>	2 00
Virginia Stone Crop	See Penthorum Sed.....	2 50
Wafer Ash Bark	<i>Ptelea Trifol.</i>	1 25
Wahoo, Bark of Root	<i>Euonymus At.</i>	1 50
Water Eryngo.....	<i>Eryngium Aquat.</i>	1 75
Water Pepper.....	<i>Polygonum Punct.</i>	75
Wickup Herb.....	<i>Epilobium Palustre</i>	1 75
Wild Indigo.....	<i>Baptisia Tinct.</i>	1 05
Yerba Reuma.....	<i>Frankenia Grand</i>	2 70
Yerba Santa.....	<i>Erioduction Glutinosa</i>	2 70

■ A Green Label will hereafter distinguish these Fresh Plant Preparations from our other Fluid Extracts.

N. B.—In ordering any of the remedies embraced in this List, from other dealers, be careful to make it clearly understood that you want the Green Plant Preparations of Wm. S. Merrell & Co.

Fluid Hydrastis.

The Great Tonic and Corrector of all the Mucous Surfaces.

Prof. Harrison, of Bennett Medical College, in a recent number of "*Chicago Medical Times*," says:

"One of the most important additions to our list of remedial agents is the preparation of Hydrastis Canadensis, by Wm. S. Merrell & Co. of Cincinnati, known as "*Fluid Hydrastis*."

* * * * * As a local application in gonorrhea, it has given us such decided results that it now forms the basis of nearly every prescription for that too common disorder. For example:

R	Fluid Hydrastis,	.	.	.	.	.	.	℥i—ii
	Sulphate of Zinc,	.	.	.	.	.	.	grs. v—x.
	Water, ad.	.	.	.	.	.	.	℥iv.

M. Sig. Inject ℥i night and morning after urinating."

Dr. J. J. Lawrence, of St. Louis, in the March number of his journal, "*The Medical Brief*," says:

"The editor of this journal has largely prescribed the *Fluid Hydrastis*, prepared by Wm. S. Merrell & Co. of Cincinnati; and can commend it to the Profession as a very valuable preparation in hepatic dyspepsia and all affections of the mucous surfaces. It is deprived of the resinoid principle; and can be used where the ordinary preparations of Hydrastis would be wholly inadmissible."

"No remedy has been received with such universal approval in so short a period of time."

W M. S. MERRELL & CO.

Pharmaceutical Chemists, Cincinnati.

BENZOATE OF SODIUM. The newly introduced remedy for treatment of tuberculosis, etc., net to physicians at 60 cents per ounce by mail. This we make from pure *benzoic acid* prepared from gum benzoin instead of the commercial benzoic acid, which is usually made from the urine of horses and cattle, and is unfit for medical use.

SALICYLIC ACID. From pure wintergreen oil. This we send also by mail at 40 cents per ounce. We receive the most flattering reports of the action of our pure wintergreen acid, where that made from *carbolic acid* proved objectionable.

FL. EXT. DAMIANA. We prepare this from the true *damiana* *turnera microphylla*, and ask physicians to remember that a false plant (*Aplopappus discoidalis*) is upon the market and largely sold for the above.

HUXAM'S TINCT. OF BARK. This is made according to the original formula and contains the saffron and red saunders now omitted from the official *compound tincture of cinchona*.

Many physicians prefer the original "Huxam's Tincture" and we prepare it for their accommodation.

BENZOATE OF LITHIUM. This has been in use some years as a remedy in certain gouty affections and in diseases of the urinary organs. We call attention to the fact that the article prepared by us is made from benzoic acid from gum benzoin instead of that from urine.

FL. EXT. ERGOT. Our fluid extract of ergot is in great demand. We use the greatest care in selection of material and in its manipulation. We ask a comparison with the make that has the highest reputation of any upon the market. We warrant our extract equal to any.

FL. EXT. GOSSYPIUM. COTTON ROOT BARK. This extract is made from the fresh bark preserved with alcohol. It is of a dark red color, has the color and taste of the fresh bark, and in every way is an accurate representative of its medicinal virtues.

We ask physicians to remember that we have been supplying the medical profession with all the remedies in use for more than a quarter of a century. We have a reputation for dealing only in pure medicines, and from this stand we solicit patronage. We do not compete in any way with inferior drugs, fluid extracts made with water and worthless materials, or the prices offered by shoddy manufacturers. Our competition is among manufacturers that have first-class reputations and we do not care to have any words with others. We refer all physicians to the old standard manufacturers and druggists as to the standing of our preparations. We have just issued (date Jan. 1st, 1880), a complete price list for physicians' use, and ask the reader to send for it at once. We furnish the entire line of gelatine coated pills made by McKesson & Robbins at their lowest price. Send your orders to

FL. EXT. GRINDELIA ROBUSTA & FL. EXT. GRINDELIA SQUARROSA.

We warrant our extracts of these drugs to be prepared each from the true species. As the crude drugs are generally sold upon the market indiscriminately it may be well for physicians to specify distinctly our preparations. These plants are very resinous, and *strong alcohol* only can thoroughly extract their properties. Such an extract *will not mix* with water, and the addition of a little water to our extract *at once* turns it milky. We do not compete in price with inferior cheap black extracts made with water. Such will mix with water and dilute alcohol without turning milky, as they do not contain the resin of the plant. (We ask physicians to apply the test.)

FL. EXT. RHAMNUS PURSH. This drug was introduced from California into the Eastern United States under the name "*cascara sagrada*" and it was a year and more before physicians and pharmacists could learn its true name. *Rhamnus Purshiana* is a common California tree, and since we published the fact that it yielded the drug known as "*cascara sagrada*" the bark has become very common and the price of the extract has fallen. We warrant our extract to be made from the true *Rhamnus Purshiana* and equal to any upon the market. It is a laxative.

FLUID EXT. BERBERIS AQUIFOLIUM. We have carried in stock since it first came into notice. It is used as a bitter tonic and for scrofulous diseases.

TRUE POMEGRANATE BARK OF ROOT. This bark has long been in use as a remedy for removal of tapeworm and unusually, we learn, is a success. The best form of administration is as a decoction. We furnish this bark properly ground, with printed directions for making the decoction. We caution our patrons against using the bark of the tree or such as is mixed with other barks.

POLYMNIA UNEDALIA, (BEARSFOOT.) This drug is used for enlarged spleen, and seems to give great satisfaction. We prepare a *fluid extract* and an ointment from the root.

MERRELL, THORP & LLOYD,

CINCINNATI, OHIO.

DUNCAN BROTHERS'

MEDICAL PUBLISHING HOUSE,

—AND—

HOMŒOPATHIC PHARMACY.

Having acted for years as purchasing agents, and of late having to fill large orders for medicines, we have come into possession of surplus stock. *Nolens volens* we find ourselves in the pharmacy business.

We have added to the above a large stock of Homœopathic preparations, and a choice line of medical merchandise. We are now prepared to supply the medical profession with any thing needed in their line.

THE UNITED STATES

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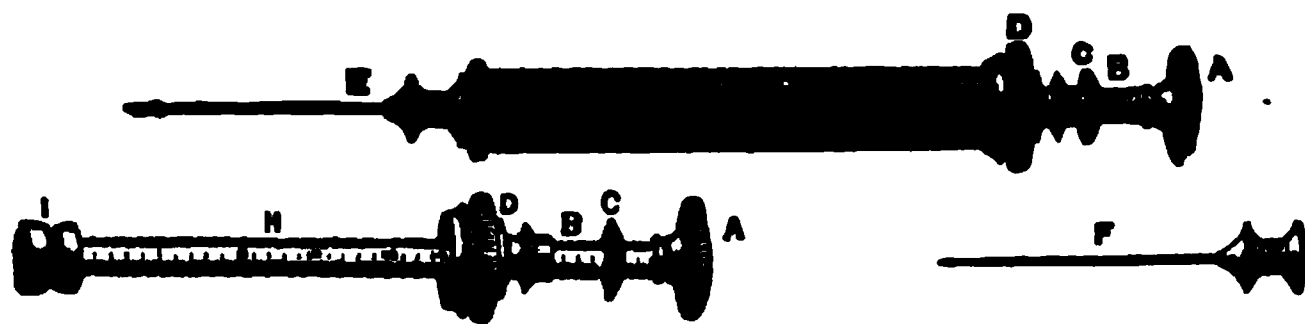
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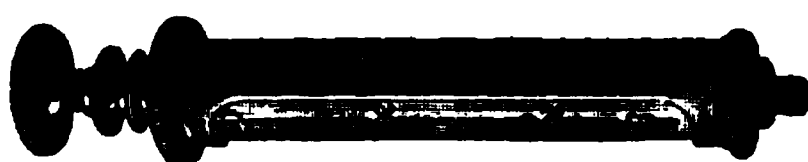
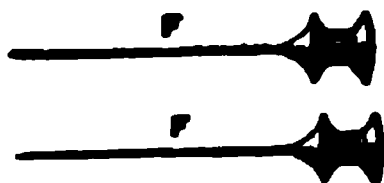


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MERRELL, THORP & LLOYD have demonstrated that the black coloring matter, in the large majority of cases, is useless or worse than useless. Their almost transparent *Specific Medicines* are admitted to be direct in action, when the black extracts of the market are unreliable. The very light-colored fluid extract of squills made by this firm is known by all to be a perfect representation of the squill root, and a great improvement over burnt black stuff. The other extracts of their make, without regard to color, are known by the highest authorities to be among the best that can be produced. *Do not judge an extract by its color*. Strong heat or burnt sugar will make any fluid extract *black*. Order distinctly, extracts made by MERRELL, THORP & LLOYD, and take no others.

IMITATIONS.

It is well-known that articles of acknowledged merit are quickly imitated in name by those who wish to reap the benefit of industry and perseverance. Owing to the great reputation of our specific medicines, and the demand that is being created for them over the entire country, we may expect others will attempt to push upon physicians a line, perhaps, similar in name, and entirely different in all other respects. We ask our friends, and all in favor of reliable remedies, to examine carefully each package, and if it is not of our make, to return it to the druggist with a demand for the genuine. If your druggist will not carry a line of our medicines, send your orders directly to us.

MERRELL, THORP & LLOYD, Cincinnati, O.

TO ECLECTIC PHYSICIANS.

We wish to call the attention of eclectic physicians to the fact that we carry a full line of all eclectic remedies. We have always made and advertised them, and it will be remembered that our house in consequence received the name "*Eclectic Physicians' Headquarters*." In doing this we have endeavored to act honorably and fairly. We have ever advertised these remedies in all classes of medical journals, and made it a special point that we *manufactured all eclectic remedies*. We continue still to do so, and, as the demand arises for new eclectic preparations, we propose to supply that demand from reliable remedies. It will be remembered that such articles as *podophyllin*, *leptandrin*, *macrotin*, etc., when first introduced as medicines, by Prof. King and other prominent eclectics, were received with derision from certain sources. Now we find them used over this entire country, and exported in quantities to foreign countries. Manufacturers are not ashamed to put them upon their prices current, and we feel a credit in saying that from the first we have acted in an honorable manner with our eclectic friends, have upheld the quality of these remedies, and now make them in quantities that surprise visitors to our laboratory, even though themselves manufacturers.

Again, the alkaloids of our American plants, *berberin*, *hydrastin*, *sanguinarin*, etc., and their various salts, together with the resins and the oleoresins, we may say are exclusively eclectic, having been introduced by eclectic practitioners, and for many years used by them exclusively. Now it is different—employed by all classes of physicians—staple articles in all drug stores—they are in demand from every direction. We ask our readers to remember that our house supplied these medicines from the first, and were not ashamed to advertise them. We ask eclectic physicians to remember that we make them still, and reliable and true, and do not propose to lower their quality to compete with cheap competition.

And now we ask our eclectic friends to remember that, when Prof. Scudder and other prominent teachers and practitioners arrived at the conclusion that a move could be made in the direction of "*specific medication*," and requested manufacturers to prepare liquid remedies from *fresh* materials, sixteen troy ounces to every pint, we cheerfully and willingly agreed to do so. We used our experience in the preparation of former remedies, and went to much expense in order to obtain the fresh materials, and in having them carefully preserved in alcohol and shipped to us from distant parts of the country. We spared neither expense nor skilled labor to perfect the remedies, and, in an honorable manner, we supplied our eclectic friends with the medicines desired. We ask our readers to recall to mind the attacks that have been made upon us in consequence. From several directions a continual line of untruthful statements have been scattered broadcast over the country. It has been said that we have paid a commission for the very labels designed to protect the practitioner (we have never paid one cent to any man), and in other disgraceful ways certain parties have sought to cast discredit upon the remedies. Let us ask the reader to observe the men engaged in this underhand work. We think behind every slur at "*specific medicines*" will be found a selfish manufacturer of some other class of preparations. We predict that it will be also found that, before many years, the very men that now endeavor to cast a stigma upon these remedies, "*because eclectic*," will be seeking the trade of eclectic physicians that use them. We shall then have the old story of the resins, alkaloids, oleoresins, etc., over again, and *specific medicines* will become a regular article of commerce. We wonder if our eclectic friends will remember this history, and remember the men that now act in this manner toward them. We ask our eclectic friends to remember that we have helped hundreds to success as practitioners by furnishing reliable eclectic remedies. We have not offered to compete with adulterated preparations, when by doing so we could have largely increased our profits. We supply any eclectic remedy desired, and we shall continue to do so in an honorable manner regardless of remarks of competing manufacturers. Please remember this.

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Sugar of Milk.....	40 ounces.	Veg. Ptvalin or Diastase.....	4 drachm.
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Ask physicians to remember that we have been supplying the medical profession with all the medicines in use for more than a quarter of a century. We have a reputation for dealing only in pure medicines, and from this stand we solicit patronage. We do not compete in any way with cheap drugs, fluid extracts made with water and worthless materials, or the prices offered by inferior manufacturers. Our competition is among manufacturers that have first-class reputations and we do not care to have any words with others. We refer all physicians to the old standard manufacturers and druggists as to the standing of our preparations. We have just issued (Jan. 1st, 1880), a complete price list for physicians' use, and ask the reader to send for it free. We furnish the entire line of gelatine coated pills made by McKesson & Robbins at the lowest price. Send your orders to

FL. EXT. GRINDELIA ROBUSTA & FL. EXT. GRINDELIA SQUARROSA.

We warrant our extracts of these drugs to be prepared each from the true species. As the crude drugs are generally sold upon the market indiscriminately it may be well for physicians to specify distinctly our preparations. These plants are very resinous, and *strong alcohol* only can thoroughly extract their properties. Such an extract *will not mix* with water, and the addition of a little water to our extract *at once* turns it milky. We do not compete in price with inferior cheap black extracts made with water. Such *will* mix with water and dilute alcohol without turning milky, as they do not contain the resin of the plant. (We ask physicians to apply the test.)

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FLUID EXT. BERBERIS AQUIFOLIUM. We have carried in stock since it first came into notice. It is used as a bitter tonic and for scrofulous diseases.

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POLYMNIA UNEDALIA, (BEARSFOOT.) This drug is used for enlarged spleen, and seems to give great satisfaction. We prepare a *fluid extract* and an ointment from the root.

MERRELL, THORP & LLOYD,

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SPECIFIC MEDICINES.

We prepare these Remedies from fresh materials when indigenous to the country, sixteen troy ounces to the fluid pint. Those of foreign origin are in every instance made from the choicest drugs. Belladonna, Hyoscyamus, Arnica, Pulsatilla, Staphysagria, and many others are carefully tinctured to our order in their native country while fresh, and imported direct. We have the experience of five years in the manufacture of this line of remedies, and by care and attention have obtained for these preparations an enviable reputation. They are in use by all classes of Physicians, and we propose ever to uphold their quality.

We do not assert that these medicines contain any properties beyond those of the Fresh Crude material, extracted with skill and best menstruum, but we ask such as desire unfailing preparations to insist upon receiving those with this label.

We have prepared for physicians' use a little book with fac simile engravings of about one-hundred labels, containing indications and directions for use, designed and prepared by Prof. Scudder. These are copyrighted and our house only receives it.

VIAL INCLUDED.
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Achillea.....	\$1 80
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Actae Alba.....	1 80
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Amygdalis Persica.....	1 80
Anthemis	2 00
Apocynum Can.....	1 80
Apocynum And.....	1 80
Aralia Hisp.....	1 80
Aralia Rac.....	1 80
Arnica.....	1 80
Asclepias Tub.....	1 80
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Apis.....	3 00
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Geranium	1 80		50 Rheum.....	5 00	1 30
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Gratiola Robusta.....	3 00		80 Sarracenia	2 00	55
Gratiola Squar.....	3 00		80 Sambucus	1 80	50
Guarana	4 00	1 00	Scutellaria	1 80	50
Hamamelis.....	75		20 Senega.....	2 50	65
Heonias	2 50		65 Senna	1 80	50
Hepatica	1 80		50 Senecio	1 80	50
Hydrastis	2 00		55 Staphysagria	3 00	80
Hycosyamus	2 25		60 Sticta.....	3 00	80
Hydrangea.....	1 80		50 Stillingia.....	2 25	60
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Iris Versic.....	1 80		50 Thuja Oc.....	2 50	65
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Jaborandi	4 00	1 00	Urtica Dioica.....	2 00	55
Juglans	1 80		50 Ustilago Maidis	3 00	80
Kalmia	1 80		50 Valerian	1 80	50
Kalmela	3 00		80 Veratrum Alba.....	1 80	50
Lappa Major.....	1 80		50 Veratrum Viride.....	2 25	60
Lythra.....	2 00		55 Viburnum Op.....	1 80	50
Maclia	2 25		60 do Prun.....	1 80	50
Lyoprus.....	1 80		60 Xanthoxylum	2 00	55
Macrotys Rac.....	1 80		50 Xanthoxylum Berries.....	2 25	60
Matico	2 25		60 Yerba Santa.....	2 50	65
Matella.....	1 80		50	<i>Miscellaneous Preparations.</i>	
Myrica Cer.....	1 80		50 Acid Hydrochloric, dil.....	\$ 50	\$ 20
Nax Vomica.....	1 80		50 do Sulphurous.....	50	20
Parax Quinq	2 25		60 do Carbolic.....	1 40	40
Penthorum Sedoides.....	3 00		80 Cinnamon.....	2 25	60
Phytolacca	1 80		50 Carby-Veg.....	2 00	55
Pinas Can.....	1 80		50 Cuprum.....	2 25	60
Podophyllum	1 80		50 Hydrastin Sulph.....	per oz.	3 00
Polygonum.....	1 80		50 Mayer's Ointment.....	1 00	.....
Prunella Vulg.....	3 00		80 Phosphorus	1 50	40
Prunus.	1 80		50 Phosphate Soda.....	70	20
Ptelea	2 00		55 Podophyllin triturated.....	per oz.	25
Pulsatilla	3 00		80 Stramonium Ointment.....	75	.....
Polymnia Uvedalis.....	2 25		60 Sulphite Soda.....	70	20
Rhus Toxicodendron.....	3 00		80 Sanguinaria Nitrate.....	per oz.	2 00

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Podophyllin. (Resin of Podophyllum U. S. P.) This, as made by us, is the pure alcohol extracted resinous substance precipitated by cold distilled water. It is of brownish color, and almost perfectly soluble in alcohol. We do not mix powdered mayapple root milk sugar with it to enable us to sell it cheap. We do not use *alum water*, or other chemicals, in preparation for the sake of producing a nice yellow-colored article. We supply the *genuine* PODOPHYLLIN, that has been used by eclectic physicians since Prof. King discovered it. Net price to physicians, bottle included, 48 cents per ounce.

Leptandrin. This we make by precipitation with water from alcoholic solution, the resin thus produced being dried and powdered. Of late years a demand has been created for a concentration which contains the *bitter* and other principles of Leptandra in addition to the resin, and most physicians prefer this form, as it is said to more thoroughly represent the free root in therapeutical action. This we supply at the price of dry resin, 48 cents per ounce, vial included.

Cimicifugin. (Macrotin.) This, as made by us, is a resinous substance obtained from *Cimicifuga racemosa*. It is in much repute among *eclectic physicians*, who are much pleased with its action. Prof. King speaks very highly of it, and we refer the reader to his Dispensatory. Price, per ounce, in vial, 48 cents.

Sanguinarin Nitrate. This is the *nitrate* of the alkaloid from bloodroot, is of a red color, and in very small proportion represents a considerable amount of root. It is in very great demand, as made by us, owing to the minute dose required. Price, per ounce, bottle included, \$1.50.

Sanguinarin. Precipitated in an amorphous form, combined with other principles, is furnished by us as a bluish powder, at 75 cents per ounce, including vial. Most physicians prefer this, claiming that it represents more completely the properties of the root. It is almost insoluble, and, consequently, less irritating than the nitrate. The dose is the same.

Hydrastin Sulphate. (Berberin.) We manufacture this salt of the yellow alkaloid, in a very large amount, and physicians demand our make in all parts of the country. We sell the crystallized precipitate (a very fine crystalline powder) at \$2.70 per ounce, net, vial included. This is more soluble than the muriate.

Muriate of Hydrastin.	(Berberin), per ounce, vial included,	\$2.70
Nitrate	" " " " " "	2.70
Phosphate	" " " with excess of a soluble phosphate, per ounce, vial included,	2.70

Also several other preparations of this alkaloid. (See our physicians' prices current for January 1880.)

Hydrastin Principles Combined. Under this name we have sold for many years a combination of the several proximate principles of *hydrastis Canadensis*, which has given most excellent satisfaction as an internal remedy wherever that drug is indicated. It will not dissolve perfectly in water, owing to the presence of the insoluble alkaloid (hydrastia) and resinous substances. The net price, per ounce, bottle included, \$1.20.

Hydrastia. (White Alkaloid.) This has come into demand, to some extent, of late, and is used in certain diseases of the mucous surfaces. It is, as made by us, in the form of nice *white* crystals, tasteless and odorless. We call the attention of physicians to it, supplying the same at the rate of \$6.00 per ounce, or 75 cents per drachm.

Our January, 1880, Price Current, contains the list of sixty or more concentrated powders, resinous alkaloids, etc., to which we refer the reader. We call particular attention to the fact that these preparations have been made by us since their introduction, and none in this country can produce them cheaper. We make them in very large quantities, supplying the most successful practitioners. We solicit physicians' orders direct for all the products of our laboratory. Address us as

MERRELL, THORP & LLOYD (NOT MERRELL & Co.),
CINCINNATI, OHIO.

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MARCH, 1880.

No. 3.

ORIGINAL COMMUNICATIONS.

**Art. XXIV.—*Olfaction in Fishes, Reptiles, and Birds.* By
A. J. HOWE, M. D.**

The human brain, taken from the skull and laid upon its upper or convex surface, plainly presents several pairs of nerves which are displayed on its under or flat side. The first pair, reckoning from the anterior aspect of the cerebral hemispheres, consists of two whitish bars of neural matter, which have their posterior extremities concealed in the central portion of the base of the brain, and their anterior and bulbous ends reaching forwards on lines parallel with the longitudinal fissure, yet not extending quite to the edge of the brain. These bands of neurine are called the olfactory nerves; and they give off delicate filaments which pass through apertures in the ethmoid bone, and become distributed to the mucous membrane that lines the nasal cavities. The fibrillæ of these nerves terminate in columnar epithelial cells, and receive the impressions odorous molecules make upon them.

The nose of man and the higher animals has two offices,—the one is to convey air to and from the pharynx in respiration, and the other is to take cognizance of odors that may exist in the passing air. The latter function is called smelling, and is strictly confined to the olfactory nerves. The same display of nerves, and the same function, though in varying degrees of acuteness, exist in all land mammalia, hence the propriety of naming the first pair of nerves the *olfactory*. Whales and other marine mammalia possess olfactory tracts or ganglia inside the cranium, but a restricted distribution of the ultimate filaments, and probably a limited sense of smell. Fishes, reptiles and birds also possess olfactory ganglia within the skull, but a small number of the nerve fibers prolonged from the so-called olfactory bulbs can be traced to the membrane that lines the nasal chambers; yet the distribution is to the membranes covering the upper jaw and superior mandible. This peculiar anatomical display of the olfactory nerves invites the suspicion that in the lower vertebrates

there exists a feeble sense of olfaction, and that the nerves which in the higher vertebrates go to the nose, have been diverted to the mouth and modified in function to that of taste or gustation.

Olfaction, like gustation, is only a modified sense of feeling—touch being necessary in the excitation of both functions. In common parlance, we taste things which are sweet, sour, bitter, and vapid, but when the method of receiving the impressions is analyzed, and compared with the sense of palpation, a likeness is perceived which leads to the conclusion that tasting is but a variation of the sense of touch. Then, too, if we trace the gustatory nerve from the surface of the tongue towards the brain, it will be discovered that the trunk is a branch of the trifacial or fifth pair of cranial nerves, and that the function of this great and important neural trunk is generally that of sensation or ordinary feeling. The gustatory branch, in its terminal filaments, becomes endowed in some mysterious way with the special sense of taste. Perhaps the modification of function depends considerably upon the shape of the papillæ in which the filaments of the gustatory nerve terminate. Another strong feature in regard to the special endowment of a part, branch, or division of a nerve, is the fact that a portion of the glosso-pharyngeal nerve is gustatory in function, while other portions are sensitive and motor. It would seem as if the nature of the terminal distribution had something to do with the character of the function. Possibly seeing and hearing are but modifications of general sensibility.

In order that the sense of olfaction may be put in activity there must be odorous molecules wafted to the impressible parts of the olfactory nerve. All odors, to be recognizable, must be in a volatile or gaseous state, and floated to the nasal cavities, or their existence would not be known; and the odorous particles must be moved by atmospheric currents, in order to impress the nerve fibrillæ, or the follicles in which the filaments terminate. There must be motion to enable the molecules of odor to impinge upon the nerves. It is well known that odorous particles have to be drawn through the nose with a sniff, if the function of smelling would be exercised to its fullest extent. When respiration is carried on through the mouth, and a column of putrid air is held still in the nose, the sense of smell is thereby arrested until a current of air is started through the nasal passages. An experiment devised and executed by E. H. Weber, demonstrated that air in motion is a necessary condition of olfaction. This experimentalist rested upon his back, and let his head fall over the edge of the table he laid upon, his anterior nares presenting upwards. A friend now poured dilute cologne water into his nostrils until the nasal chambers were full, the velum palati acting as a valve to keep the fluid from entering the throat. As the liquid entered the nose the experimenter could smell the vapor of the scented water, but he ceased to smell anything as soon as the nasal chambers were full, and no current existed. Besides, it took several minutes for the olfactory sense to be restored after the fluids were allowed to escape. The experiment was made to show that odorous molecules must be in a gaseous form, or diffused in air or vapor, and in motion, in order to make an impression upon the olfactory membranes.

The hound on a cold trail has to move slowly, and in sniffing the obscure scent the dog manifests great efforts at smelling; but on a fresh track, the animal lifts his nose from the ground and runs at full speed, the rapid movement bringing the odor of the followed game swiftly into the nasal vaults. And it has been observed that a dog pursuing a track is baffled as soon as the game takes to a pool or stream.

When we desire to obtain a full and satisfactory knowledge of a perfume, if it be an agreeable and delicate odor, we sniff the fragrance through the nostrils in repeated jets or currents. By so doing we are enabled to form an estimate of the tested bouquet.

It may be remarked in this connection that animal odors are lasting, while vegetable aromas are quite evanescent. The scent of musk will continue to be exhaled from a fabric for twenty or thirty years, and probably for a much longer period if the scented object be kept in a close room. The oil of roses and the essential oils generally, will long endure as perfumes, yet the odor is quickly dissipated when diffused in watery and spirituous extracts. Navigators authoritatively state that the aroma of cinnamon and other spices can easily be detected at a distance of twenty-five miles from the coast of Ceylon; and the scent of burning peat can be distinctly recognized at a distance of fifty miles from the coast of Ireland, especially if the course of the wind set out to sea. The odor of amber will not waft long distances, yet a single grain has been known to perfume textiles for a period of forty years.

The foregoing remarks have been made to convey an idea how olfaction is produced in man and the higher animals, and how odors are brought in contact with the lining membranes of the nose where the sense of smell is placed. In studying the brains of the lower vertebrate animals we discover pronounced olfactory ganglia in front of the encephalon, or general neural mass inside the skull; yet it is questionable whether fishes, reptiles, and birds possess the capacity to smell odorous bodies. There exist well defined olfactory lobes in fishes, and nerves extending from them to the edge of the upper jaw in front and along the hard palate, yet if these so-called olfactory filaments convey a special sensation, it is that of taste or gustation, and not that of olfaction. Possibly the sensation is that of common feeling. If it be conceded that an odor is recognizable only when its molecules exist in a gaseous form, it must be inferred that a fish has no opportunity to receive odorous particles. It is well understood that anglers employ the oil of rhodium to render their bait attractive, yet the evidence that anything valuable is gained by the trick has not been of an assuring character. The country lad is told by his elders to spit on the bait when fishing in a mill-pond, but if the conditions be unfavorable to "good luck," the efforts at spitting will prove futile. If the bait in an eel-trap be exposed or clearly visible, it will attract eels, catfish, and other fishes that swim near the bottom of the water and see in the dark; but if the bait be concealed in the trap, or be not readily seen through the meshes of the basket-work, neither an eel nor a catfish will find the snare through the sense of smell.

It is well known to anglers that trout will snap an artificial fly, and that mackerel will bite a piece of red flannel attached to a hook. Among

fishermen the decoy is devised to cheat the sense of sight, and not that of taste or smell. The sightless cave-fishes find their food through the sense of touch, the rays of the fins being prolonged into feelers.

Serpents, lizards, turtles, and reptiles generally, subsist upon food caught alive, and discovered by the sense of sight. Creatures of the reptile class are commonly slow movers, yet possess the ability to snap quickly with the head and jaws, or to dart forth the tongue; they can also endure long periods of fasting, and many therefore patiently wait for the accidental approach of the unwary prey.

Although reptiles possess prominent olfactory ganglia (Fig. 1), and nerves distributed from these neural masses, the filaments cannot be traced to nasal organs, but to the fibrous coverings of the upper jaw and the palate. In the alligator a few filaments arising from the olfactory nerves may be traced to the pituitary membrane, yet the preponderance of evidence bearing upon the subject goes to prove that the animal is not aided in the discovery of food or enemies by the sense of olfaction. Flesh placed upon hooks to catch alligators must be displayed in such a way that it can be seen, or it will not be found.

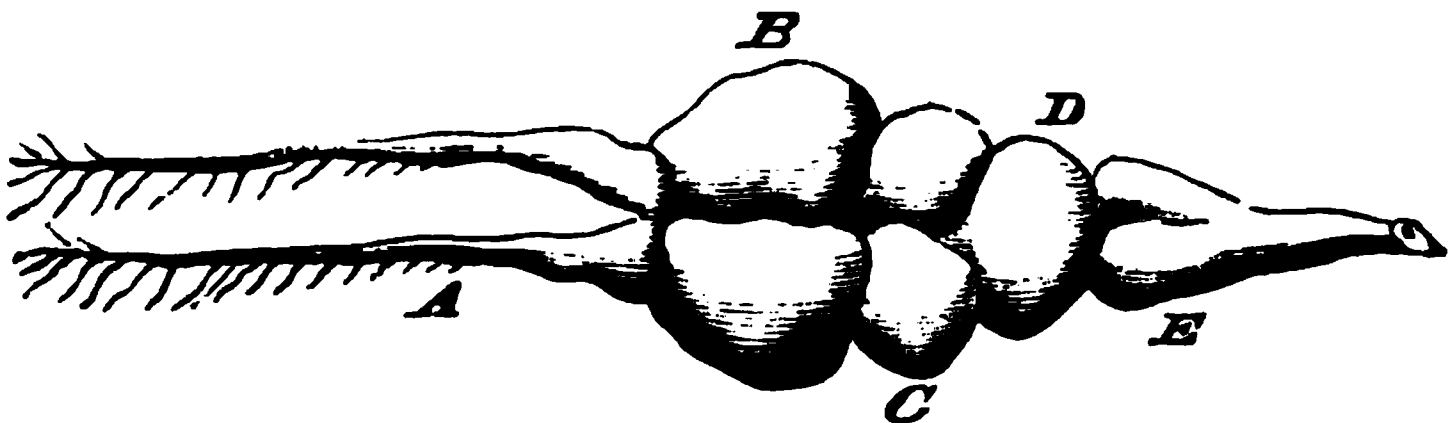


FIG. 1.—A, olfactory nerves; B, hemispherical ganglia; C, optic lobes; D, cerebellum; E, medulla oblongata.

It might be aptly asked, what may be the functions of the olfactory bulbs if not devoted to the sense of smell? A not unreasonable reply is that the neural mass with its ramifying filaments may be modified in function; and by the manner of distribution, and a peculiarity of termination, converted into the senses of taste and feeling, or ordinary sensation. Then, again, some part of the neurine in the olfactory bulbs may contribute to the generation of intelligence or instinct in the creature. It has been demonstrated by mutilations executed upon the brains of reptiles that what are called the optic lobes are not wholly devoted to vision, and that all intelligence ceases with the destruction of the hemispherical ganglia. The brains of the higher animals were dissected first, and the neural masses named as their functions were ascertained; and when the olfactory bulbs of fishes, birds, and reptiles were found to correspond in location with similar developments in mammals, the inference logically followed that the function of the neural centers was identical. In some fishes the second pair of cerebral ganglia are nearly on a level with the olfactory in front, and the optic behind; and are less than the latter in size. In birds the cerebral lobes rise higher above the olfactory lobes, and completely overlap and embrace the optic ganglia, hiding them from view, and showing a marked improvement in the development of the mind-producing portions of the encephalon. In the skull of the alligator which

has been channeled to exhibit the several neural ganglia as they rest in the cranium, the several lobes are nearly on the same level, though the last (medulla oblongata) drop somewhat below the cerebellum. The cerebral lobes are larger than the optic, though in serpents the two sets are about the same size, while the first or olfactory ganglia appear about the same in size. In fact the olfactory ganglia of dogs, and the canine family generally, are not larger than in animals not possessing an acute sense of smell.

FIG. 2.—Brain of alligator.

In birds the olfactory nerves extend in front of the cerebral hemispheres, and distribute filaments to the roof of the mouth, especially along the borders of the fibrous covering of the superior maxillary bone; and few fibres can be followed into the lining membrane of the nasal cavities. A duck never manifests the function of smelling, yet the bird's olfactory ganglia and nerves extend in front of the nasal chambers, even to the anterior extremity of the upper mandible. Besides, not many olfactory filaments can be traced to the nasal chambers. Probably the greater part of the olfactory nerves in ducks and geese is devoted to gustation, and very little to olfaction. The trifacial nerve in ducks is chiefly devoted to gustation, and distributed to the mouth and tongue. The sportsman well knows that if he can approach wild ducks without being seen or heard, he is not afraid of being detected by the sense of olfaction. Wild geese avoid thickets bordering creeks, rivers, and bays, lest a concealed enemy do them harm. If geese and ducks could scent a sportsman or his dog, they could ascertain when such enemies were prowling near. Indians fashion a gourd to appear like a goose swimming in the water: this serves as a decoy to call down geese that may be flying over, and also to cover the head and face of the savage who hides beneath the shell in shallow water, just at dusk, and warily approaches such birds as he desires to grasp by the legs and pull under. If the betrayed geese possessed a keen sense of olfaction, they would scent the human head concealed under the gourd.

For a long time it was presumed that vultures, buzzards, and other carrion birds, discovered dead carcasses by the sense of smell, and not a few believe so still. But the experiments of Audubon, the noted ornithologist, must be considered as having dispelled the fiction. The philosopher and naturalist skinned a deer, and having stuffed the pelt with grass and hay, placed the fraud in a clearing during the night, and

watched till morning in a concealed retreat to see if the buzzards would pay any attention to the deceptive piece of mechanism. The carcass was placed in a ravine, and covered with ferns and briars. At dawn a buzzard was seen circling high in the air, and soon others of the kind flew near, and alighted on trees near the meat, though the attention of all was directed to the distended skin, and not at all towards the flesh, which a keen sense of smell ought to have detected. The carrion birds, after carefully surveying the surroundings, alighted one after another upon the stuffed pelt, and began to peck at the seams and tear out the hay. The unexpected outcome of affairs seemed to puzzle the birds; they looked at each other and chattered comically as they drew a wisp of grass from the inside of the skin. After a while they took to wing and flew away in search of a more satisfactory breakfast. Other buzzards from day to day came to the stuffed deer, but as they all went away without further search, it may be presumed that they did not smell the carcass at all.

Buzzards frequently fly about a clearing or thicket as if carrion was near, when in fact none is in the vicinity. When hard pushed for food, a carrion bird will devour fresh meat; and under similar circumstances an eagle will feast upon flesh and fish that are putrid. It is a singular fact that a captive vulture, when annoyed by visitors, will disgorge some of its offensive food in order to drive away intruders. The bird appears to know what will disgust mankind.

It has been observed by pathologists that an injury or disease of the trifacial nerves impairs the sense of olfaction in human beings. Probably the lesion interferes with the pituitary secretion, and thus renders the Schneiderian membrane too dry to arrest odorous molecules. Paralysis of the orbital branch of the trifacial nerve on one side of the face, has resulted in a loss of the olfactory function in the corresponding nostril. Severe and prolonged neuralgia of some of the branches of the trifacial will obtund the sense of olfaction.

Art. XXV.—Medical Monopolies. By JOHN H. HENRY, M. D.,
Selma, Alabama.

Of late there has been quite a tendency among medical men to have themselves, as a class, charged with the entire responsibility of the health of the people. They have prevailed on several of the States of this Union to appoint, by legislative enactment, their voluntary State Associations to be general conservators of the health, with power to make rules and regulations, having the force and effect of law, and to appoint individuals of their societies to execute them, with true official authority, contrary to the spirit of the general law of such States.

Medicine is admitted by the "Medicine men" to be "not one of the exact sciences." Whether is meant by this expression that there is no generally true principle of treating diseases and preserving health, or that nobody knows whether there is or not, is immaterial; as in either case, when the professors of a science acknowledge that no reliable success is attainable in it, or that, if there is they can not attain it, it would

be becoming in them to leave the field of accidental discovery open, and exert themselves to utilize whatever might be so developed. As to the exactness of science, whatever is wholly true is perfect.

The objection which the people have to make to this bold pretension of the doctors is, that it is an unwarrantable assumption of authority over them in matters of individual right, and that the proposed depositories of such absolute power are not equal to the responsibilities of their undertaking.

The acts of an association of persons usually represent that portion of the membership which ranks between thirty and forty per cent. in wisdom and discretion. This grade embraces the majority of the members who, for want of intellectual capacity, excel the remainder in prejudice and passion. It receives additions from the other grades through their timidity, inertness, and jealousy. Even the very ablest and most conscientious either lack moral courage or are excised as heretical. This truth receives demonstration from the history of all classes and crafts, and from none so especially as from the medical profession.

What true theory, doctrine, or result of experience and observation, has ever been put forward by the medical faculty until they had been whipped into it by undisputed facts and its general acceptance by the people?

The experience of Hahnemann with the "regulars" of his profession may be recalled with benefit, in predicting the course the new monopoly will be likely to take. Let it be remembered that this was in Germany, a hundred years ago, and that after a century since the abolition of the narrow and bigoted dogmas and practices of his day, in free America, it is proposed to revive them under the specious pretense that the progress of the world in population, facility of communication, and knowledge of the truth, has developed a necessity of conferring upon the doctors the authority to put the people into straight-jackets to preserve their health.

A short time ago, Dr. Ludlum, a Homœopathic physician of Chicago, Illinois, delivered an address at Freeport, in that State, in favor of the "Illinois State Board," which is significant and suggestive of many things he did not intend. He said that he was the only *quack* on the Board, and he attributed his appointment to the subsidence of the opposition of the "regulars" to his system of medicine. This interpretation does credit to his sincerity far beyond any justice they may claim from it. In Illinois the Homœopathic profession is strong, and in good favor with the people in spite of the Allopathic profession of medicine.

In proof of the purpose of the "regulars" to crush all forms of practice in opposition to them in their own department, the following facts are submitted:

1. Dr. Ludlum mentions some of the acts of the Illinois Board. "We have compelled about 1,400 half-breeds in medicine to quit the practice, or leave the State; at least 100 more have been prevented from coming into Illinois, and commencing practice here; we have stopped eight colleges from giving two graduating courses in one year; have totally refused to accept the diplomas of nine colleges; have examined over 400 candidates for the license to practice, of whom we rejected 60 per cent;

we have revoked ten of our own certificates for unprofessional conduct on the part of those to whom they had been given," etc.

2. He further says that at a meeting of the National Association (old school), at Atlanta, Ga., in May, 1879, "a test question was put by the Judicial Committee, in the form of an amendment to the code of ethics, declaring it to be against the ethics of the profession for any physician to teach or encourage any student of an irregular or exclusive system of medicine. True the adoption of the amendment was withheld; but for how long, and on what ground? How many Allopaths in that meeting deemed the proposition unsound in principle? How many of them voted against it on grounds of expediency and precipitation?"

In legitimate criticism of the above acts, who is it that says the 1,400 are half-breeds? Any body else besides the "five doctors and two gentlemen?" May there not have been, in this pronouncement of the Board, something of the Spartan destruction of feeble children? Is there no appeal in behalf of these persons who were refused license, and those who are to come after them, to the millions of the people of Illinois, from the judgment of the "five doctors and two gentlemen?" Does any Homœopath or Eclectic believe that his college will be encouraged or his students approved, if the Allopaths can prevent it? Will they consult with his sort, or use any of his remedies? If not, how long will they forbear to pass the resolution above referred to, after the power to enforce it has been committed to them?

The abuse of power is not peculiar to classes or doctrines, but is inherent in the human constitution. The people know that any physician who suffers himself to become prejudiced against any remedy or mode of treating disease, may also, through the same infirmity of mind, transfer his antipathy to the person of his patient. Such a one is morally and mentally unfit to practice medicine; and in this, coupled with the unsatisfactory results of medical treatment, may be found much of the reason why the people are so disposed to encourage what is called the irregular practice of medicine.

Is not the whole medical profession justly chargeable, to some extent, with charlatanry? Have the physicians themselves appreciated their science, and their relation to the people in regard to it? Have they not dealt with it as an occult science, the result of which must be confined within the fraternity, and even in the breast of each practitioner? The consultation fee of all classes of physicians, which they claim the right to charge, means that they must keep from each other whatever knowledge they possess. We owe our utmost skill to the patient by attending his call. We are very averse to communicating to the patient what remedies we are using upon him, and what effect they are expected to have. We desire that he shall submit himself to our entire and absolute control, which is unreasonable, considering that his life is at stake, while only our professional reputation is involved.

Knowing how far this personal absolutism has gone, without other authority to support it than the deference of the patient to the presumed skill of the physician, how will it be when the authority of law comes in to support the irresponsibility of "Boards?" When the Lords of the

Admiralty disposed of the screw propellor in the presence of a successful experiment, with the verdict that though it may propel a vessel, it would prevent it from being steered! what would the medical boards do with the inventions and discoveries of the geniuses of medicine? What else but stereotype the present old practice as they understand it, and forbid the whole world from adding to or subtracting therefrom.

The practice of medicine ought to be regulated by law. The people ought to have some guarantee of proficiency, and this may as well be a license from some approved authority. The only question in all this matter is as to how this license shall be issued. Of course medical men must be prominent factors in any mode; but the people must have a part in it, and the applicant must have the right of appeal. If the diploma of the college has become depreciated through the venality of its professors, let each State provide its tribunal, but let the members of it be elected by the people who are to be practiced upon. When so constituted, let the rejected applicant have the right of review by mandamus, or otherwise, in the courts, where the most thorough investigation can be made. Such a public sifting of the matter, where the physicians can be heard as experts, and the applicant, in regard to his qualifications, and with the experience and learning of the bench, and the skill of the bar, will certainly enable the jury, as the special representatives of the people, to arrive at as just a conclusion as human wisdom can provide.

Let our friend, Dr. Ludlum, be reminded that the success of Homœopathy in the United States owes much to the persecuted Thomsonians, Hydropathists, quacks, and half-breeds, living in the States. If each State in the Union had a Medical Board like Illinois, composed of "five doctors and two gentlemen," it is to be feared medical progress would soon breathe its last breath. Let an individual's preference for his doctor, like his religion and his church, be free to choose, without any regard to medical boards or State medical laws. Look out, brother! what you visit on others may be visited on you. The Greeks, who were so wonderfully modern in practice, had, in their best time, war with half-breeds and quacks, and had to separate charms and incantations from rational medicine; but in spite of state doctors and legal enactments, charlatanry got the upper hand in Pliny's day. "Medical art," he says, "is changed every day by new additions." Let me remind Dr. Ludlum, we are sailing before Greek wind, and the decision of life and death lies with the doctor who cures most patients, and has the people to say the most about him. It will always be the case in spite of State medical boards and laws. The doctor that cures, be he half-breed or quack, will have the patients. We beg you, then, as you love Homœopathy and medical progress, to at once resign your membership of the Allopathic medical board of Illinois, as they are only flattering your vanity. If the time ever comes, and they got the power, they will drive all Homœopaths out of the State of Illinois, learned or unlearned.

The State ought to have nothing to do with medical societies as such. Its business is with the individual physician, as a sanitary agent. There ought not to be any parceling out of the powers of government among voluntary associations. This thing has already become a great evil in

regard to banking and railroad corporations. Let every soul in this Union be given a chance to fight single handed against every opposition of a class. The association or combination can take care of itself and its members. It is the individual who needs protection. No voluntary medical society ought to be given the exclusive authority to prescribe what shall be a course of medical instruction. No such society, or boards appointed by it, ought to be given any authority of law in relation to quarantine or other sanitary regulations. The State in its governmental capacity must use the individual as the agent, and operate on the individual as its subject. If it does not, it is no government of the people, but becomes an East India Company, a joint stock association of masters.

Art. XXVI.—Retrospect—Notes from Practice. By DELA A. ROHN, M. D., Defiance, Ohio.

Reviewing the work of the past year, and comparing the result with notes gleaned from other systems of practice, either when presented through counsel or otherwise, I find the comparison not only favorable, but a decided verdict for specific medication. My case-book records over one hundred cases treated according to their specific indications, with highly gratifying results, not a single transfer to record.

During all my practice it has been my earnest endeavor to note every indication pointing to a remedy or remedies whose employment would earliest secure the welfare of my patient, and at the same time verify the remedies employed as specific agents. Repeated efforts attended with success are proofs conclusive. True it is there have been some exceptions—times when I have been foiled, even when indications were strongest and a diagnosis readily obtained. The fault, upon continued test, was found innocently reposing in the drug employed. Now it was Aconite, again it was Belladonna, Chionanthus, or Gossypium, and so on, until I was obliged for the well being of my patients, as well as my own professional reputation, to discard the entire lot and replace them with agents of more reliability. Sometimes there would be an ill-conditioned system, with every feature of the disease masked. Such were unpleasant cases; confessedly I don't like them; they savor too much of random prescriptions and nauseous compounds.

In all the theories advocated in the science of medicine, there is none so beautiful, none so rational, as that of specific medication. An admiring world looks approvingly upon Mr. Edison's successful efforts in converting power into electricity, thereby giving mankind facilities not even dreamed of, and his name will go down to posterity and be ranked among the world's great inventors for ages.

Higher yet are they who, having determined the character of disease, have given the best years of their lives to solve the problem of restoration without depletion; conserving life forces and building up the structure, instead of devastating it at the risk of life, in order to thrust out disease. The grand principles upon which the safe and intelligent system of specific medication is built, will remain steadfast as the granite, and the names of those who carved them will live on through centuries yet to come.

Upon my shelves I find various medicinal agents. Some of them are known to me by reputation only; others have been introduced according to prescribed forms; and the remainder are tried and true assistants, indispensable in the practice of medicine. This article shall be devoted especially to the latter agents, as it is through them that the utility and beauty of specific remedies has been satisfactorily demonstrated to me.

Aconite.—I can not tell why this agent should precede some others in the list, but there must be a No. 1, and—well, *Aconite* has a strong record and perhaps was uppermost in my mind. It is so well known and indicated so frequently, that encomiums would be but repetitions of oft-given testimony. My experience with it corroborates the statement that, “in acute diseases of a febrile character, unaccompanied by blood poisoning or other lesions, it will cure ninety-nine and relieve the one hundredth.” Combined, or given in alternation with other agents in lung, stomach, and other disorders of the system, I have used it almost daily, and say for it “well done.”

Veratrum.—That powerful adjuvant without whose aid the physician would often be at sea, what shall I claim for it? In great excitation of the vascular system, when the pulse bounded and the patient was almost delirious with the intense throbbing pain, I have seen them grow calm and sleep under its kind influence. In sthenic fevers with the above indications, I have prescribed and left it with my patients, fully confident as to the result. In diseases of the throat and bowels it has proved efficacious, quickly changing the morbid condition of the parts. I have used it successfully in four cases where there was a broad red streak over the center of the tongue from base to tip. Then I gave it in the minimum dose every half hour.

Gelseminum.—This agent in its sphere fills a position no less important than the above-mentioned. Its range is perhaps much less, but when indicated it is just as welcome. In the diseases of childhood approaching convulsions it invariably proves *the* remedy to quiet the nervous system, and prevent a recurrence of the much dreaded condition. During the summer I was called to attend three children in one family, the messenger saying that the oldest one had a fit. I found him unconscious, and the muscles twitching convulsively every few minutes. I gave him large doses of the specific tincture of *Gelseminum* until he grew quiet, then continued it in less doses at longer intervals. The other two were affected similarly, though in a less degree. *Gelseminum* was administered with quieting results; and twice since I have been called upon for that “excellent remedy” for the same family. These are but sample cases among children. In my practice I think it has been more frequently indicated in acute diseases of childhood than any other remedy save *Aconite*. Have administered it to adults frequently to meet the same indications.

Belladonna.—As an agent to remove congestion, and dispel the comatose condition, *Belladonna* is perhaps unsurpassed. Three cases present themselves vividly because they were unpleasant ones. H. S., a stout German, aged 23, had never been sick previously. I found him prostrated with remittent fever in its worst form, typhoid symptoms predom-

inating. He was comatose during the day, and delirious at night, when he would leave the bed and house if not watched. He was very strong, pulse bounding with fearful rapidity, skin almost burning, lips encrusted and swollen; could see but little of the tongue, but that was an index to the remainder, and was as ill-conditioned as the lips; eyes partially unclosed, and respiration laborious. Gave him *Veratrum* every half hour, alternating with *Belladonna*. Saw him again in the evening, and could detect no abatement of the unpleasant condition. Concluded to administer a thorough emetic, which was accomplished with difficulty, as he always resisted when an attempt was made to give the medicine. The action of the emetic was prompt and thorough, the ejected material dark-colored and frothy. *Veratrum* and *Belladonna* were then continued as before, and the next morning I found a decided improvement in the febrile symptoms, but the congestion was still present, though not so profound as on the day previous. I increased the dose, giving it in drop doses every half hour, and was gratified to find my patient rational when I called again. Continued the *Belladonna* at intervals in small doses, and gave him *Baptisia* in addition, with an antiperiodic, and at the end of the week he could sit up, and soon was able to go home. The other cases were almost typical, and treatment varied but little, *Belladonna* being a prime agent in these as in many others marked by congestion of the nerve centers. In colliquative sweats it has on three occasions proven restorative.

Bryonia.—In diseases of the respiratory organs, this agent has been frequently called upon, and its curative power responding so admirably in a number of cases, that a failure in any other was regarded as a diagnostic error, and confidence remains unshaken. Have employed it alone and also with *Aconite*, and always in the small dose.

Asclepias.—I have used this less frequently than *Bryonia*, but have found it serve a good purpose in lung trouble when the circulation is active, and as a diaphoretic for children.

Phytolacca.—During the year this has been one of the leading remedies. As an alterative I like it well, but in inflammatory conditions of the glands it has become invaluable to me. In four cases of inflammation of the mammary glands its action was almost miraculous. In these cases it was given internally and applied locally. In diseases of the throat, when indicated, its administration was attended by success.

Rhus Tox.—Frequently indicated in erysipelas, it has received a permanent position among the valuable agents for that disease. In frontal headache, with burning of the eyes and red tongue, I think of *Rhus* as the remedy. Also in rheumatic ophthalmia, I should certainly use it with full confidence in its success in relieving the intense pain.

Baptisia.—This has been looked upon as an epidemic remedy during the past summer and fall. With a few exceptions I have found it indicated in every case of malarial fever; also in throat disease it has been frequently indicated. I have found several cases of sore mouth yield to it alone. During the month of August, I gave it in a case of remittent fever to complete restoration, without resorting to antiperiodics. I was called as counsel to see the case. The patient was a man of excellent

physique, and seldom a prey to disease. I learned that four days previously he had a chill, followed by continued fever that would not yield to treatment, and he was rapidly growing worse. Very much prostrated when I saw him; had been vomiting the night previous and all day following. Stomach would not retain anything that had been given. Twice the contents thrown up were very dark and heavy. After that I learned he began to sink rapidly, and at intervals was unconscious. Found the circulation 130, temperature 103°, pulse thready, respiration hurried; complained that he could not breathe well, as the effort caused distress in stomach and bowels, which were tender on pressure. Tongue coated brown with red tip. He requested ice-water every few minutes. After completing the diagnosis I made my report to his physician, who thought he had "a typhoid case" on hand, and said he was at "the end of his string" with regard to remedies. Although there were typhoid symptoms, yet I could not consider it a true typhoid, and told him so. But I considered the case an urgent one, and relief imperative. I gave him my role of treatment to meet such indications as his case presented, and was requested by the doctor to take the case. He certainly felt timid about it, so I complied with his request. To quiet the stomach, and prepare it for the absorption of medicinal agents, was my first move. This was accomplished by giving bismuth grs. iij. every two hours, with sinapisms to stomach and bowels, followed by fomentations of stramonium. I greatly feared inflammatory action. Small pieces of ice were given frequently, and by evening the stomach had ceased to be irritable, but the face and neck were suffused and dusky. Baptisia was given every half hour, in alternation with Aconite, and dilute muriatic acid in pleasant form to satisfy the demand for an acid. This was the extent of treatment. I fully expected to give an antiperiodic, but found no indication for it, and recovery was rapid and permanent; and I have decided that Baptisia is among the indispensables.

Expatorium.—Give me a case in a malarial district where there is unpleasant aching of the bones, and this agent will always be selected as the antiperiodic.

Alstonia Constricta.—A new remedy, but it has proved excellent in some cases of ague; others it did not relieve.

Macrotys and *Pulsatilla* are almost inseparable. Pages might be devoted to their interests, and it would only be a commencement. I use them weekly, and with confidence in their good results.

Gossypium has never yet failed me. I regard it as one of the most gratifying agents in the materia medica.

Viburnum.—Occasions for this have been few, but it fulfilled the indications each time.

Aktris has won my confidence for its prompt action. I use it either in tincture or pill form.

Caulophyllum has a clear record, and I note with pleasure the frequent calls for it.

Hamamelis.—Among the last named remedies, if I had to give preference, I should unhesitatingly select this drug. It is safe, and always reliable when indicated.

Lycopus I like in affections of the kidneys; have also used it to increase the lacteal fluid.

Eryngium.—A charming remedy. I could not be satisfied to leave it out. Dr. S. called for me to visit a patient suffering from acute cystitis. The vesical and urethral irritation was so great that he resorted to morphia hypodermically, but when the effect of the drug was gone, the trouble was, of course, still there. What was he to do next? I inquired if *Eryngium* had been given. "No," he said, "I am not acquainted with the remedy." I requested him to call at my office and get it, if he desired to try its virtues. I thought it strongly indicated. He did so, and gave me excellent reports as to its efficacy. His patient was soon relieved of the entire trouble. In irritation of the stomach with burning, I have found good results from its use.

Among the new remedies, *Rhamnus P.*, *Penthorum S.* and *Grindelia R.* are most promising. The last named I am especially delighted with. Indications for its employment are, difficult respiration and want of secretion, as frequently found in asthma. In such cases it gives almost immediate relief, one dose usually being sufficient. Also in pneumonia with the same conditions I esteem it highly.

Other agents of value have their record, as *Nux*, *Ipecac*, *Leptandria*, *Podophyllin*, *Chionanthus*, *Digitalis*, *Cactus*, *Apis*, *Apocynum*, *Drosera*, and others have been used less frequently but curatively. I have endeavored to refer more particularly to those with which, through continual use, I have become best acquainted in practice, and whose efficacy as remedial agents is unquestioned. The preparations employed were specific tinctures,

Art. XXVII.—A *Tænia Solium* Captured Alive. By WM. F. CURRYER, M. D., Thorntown, Ind.

I was called, December 20th., to see Master Charles, the four-year-old son of Rev. L. C. Buckles, whom I found suffering from acute tonsillitis, for which I prescribed the usual remedies; observing symptoms indicating worms, I prescribed the following, viz; R *Santonine*, grs. vi.; *podophyllin*, grs. j.; *sach. lacta*, grs. xxx. M. and triturate thoroughly. Sig. Give each day, grs. ij. morning, noon, and night, in sweetened water.

The above "worm powders" secured the dislodgment and expulsion, per rectum, of sixteen *ascaris lumbricoides* averaging ten inches in length, and to the great astonishment of the friends of the little sufferer, as well as myself, he passed a section of *tænia solium* twelve feet in length.

Having no other and more reliable anthelmintic at hand, I decided to give the above remedy a more extended trial, during which time he passed over five feet more of the monster, in single joints, some of which were alive and quite active. These separate joints or sections were not only expelled while at stool, but seemed to escape voluntarily, in many instances without the patient's knowledge: one of these joints, found in his clothing, was placed into a bottle of warm water, and there it remained alive for several hours, moving up and down with a wriggling motion.

This being near Christmas the parents requested that I should postpone further treatment until the festivities of the holidays were over; I had already procured from the reliable house of Merrell, Thorp, and Lloyd, a supply of the pomegranate root bark, but with deference to the wishes of the family I waited until January 6th, when I directed that the patient should abstain from eating until further notice. Having eaten no supper or breakfast, I gave him at 5.30 A. M. on the 7th, an active dose of anti-bilious physic, which thoroughly evacuated the stomach and bowels in four hours. I then allowed the patient to rest four hours before administering the tænia specific, which I prepared according to the directions given by Prof. F. J. Locke on page 561 of E. M. Journal of 1872. Of this preparation I gave him ʒij. warm, well sweetened, and combined with ʒj of fluid extract of jalap. A short time afterward nausea and vomiting ensued, and a portion of the medicine was ejected; thirty five minutes after this dose was given he passed the remainder of the unwelcome guest, head and all, alive and squirming.

The entire length of this intestinal occupant is forty two feet, which occurs to me to be a remarkable production for so delicate and young a child.

In one hour after the parasite was expelled my little patient, on being shown the worm, said "mamma, I am so glad the doctor got its head, for now I can have something to eat," and after he had eaten a cup of bread and milk I left him on the floor playing with his toys.

I learn from the parents of this little boy, that since he was old enough to locate a pain, he has often complained of his stomach and bowels; that he has, for most of his life been a frail child, his appetite has always been delicate; that he would frequently pass twenty-four hours without eating, and generally he did not seem hungry. I further learn that at about the age of two years, by the suggestion of a physician, he was taught to eat finely chopped raw beef.

Art. XXVIII.—"*Little Things in Obstetrics.*" By H. S. FIRTH
M. D., Brooklyn, N. Y.

PROF. SCUDDER:—I was amazed in reading an article in your *Journal* discouraging the use of forceps in the practice of midwifery. Had the article emanated from some obscure member of the profession, I should have paid little attention to it. But coming as it did from a teacher, and a man of experience, it is, to say the least, a little singular. Ordinarily such condemnation proceeds from men of limited experience, or such as, from want of skill, have been unfortunate in its use. It has been my lot, in a practice of more than thirty years in a large city, to enjoy (if the term is admissible) a very large obstetric practice, and to encounter almost every difficulty laid down in books as to be met in such practice. Consequently I think I may say without egotism, that I ought to know something in relation to the propriety of the use of forceps.

To say nothing of cases of puerperal convulsions, firmness of the bony structure of foetal head, malformations of the female pelvis, and want of due correspondence between the head of the child and pelvis, which cases

do frequently occur, and in which no sane man could condemn instrumental resort—I say not to dwell on such cases, let us suppose one where the prospect of an early and easy delivery would seem promising in the first stage of labor. The uterus may open nicely, and the case may advance to a certain point, when, from inertia on the part of the womb, or from other causes, hours may pass, and little or no further progress be made. What must be done in such a case (and they are frequent)? Must the patient be allowed to suffer on until hope has died out, and all confidence in the skill of the physician lost? Humanity revolts against the idea. There are three ways to meet such cases: First, wait and let the patient suffer and become exhausted, while danger from sloughing of the vagina, and probable loss of the child from compression of the brain, is constantly increasing, in the hope that in time nature may succeed in accomplishing delivery. Secondly, give ergot with danger to the uterus and perineum, and with strong probability of losing the child by stoppage of placental circulation. Or thirdly, by the skillful employment of forceps. Which of these means would the honest, careful physician favor? It seems to me it would require no prophet to answer. Common sense is worth something to mankind, and your humble servant proposes to use it in preference to the advice of timid or bigoted men. Now as regards the case already cited, what course would it be best to pursue? The physician sees that with a small amount of traction with forceps, the child could be speedily and safely delivered, and in my opinion the physician failing to do it is recreant to duty.

In the very large number of cases where I have applied forceps, I have not regretted doing so in a single instance. No bad consequences have ever arisen, and my patients have invariably had a good getting up. On the contrary, when, through fear of friends and other causes, I have failed to apply them when in my judgment it would have been best to have done so, I have almost invariably had cause to regret it.

In relation to the use of ergot, a little incident in my practice recently has perfectly cured me. My case proving rather tedious, owing to weak expulsive pains, and having read of the good tonic action of quinine in such cases, I concluded to give it a trial. I administered ten grains, and after waiting a half hour without improvement, I gave half a drachm of fluid extract of ergot. In about five minutes things began to be interesting, seemingly both medicines set up an action at once; the pain became awful, and without intermission for nearly half an hour. Every moment I expected the uterus would rupture, and when the head began to press upon the perineum, with all the care I could bestow, I looked for a bad rupture as certain. Fortunately, everything turned out well, but I would not endure the agony of that half hour again for all the sausages manufactured in Cincinnati in a month. I am no advocate of the indiscriminate use of the forceps, and would advise the inexperienced physician to call in one familiar with their use, at least for the first case or two; in this way he may gain both knowledge and confidence.

In using forceps I generally remove them before the head is entirely delivered, when the head presses hard upon the perineum, and there is no longer any danger of retraction; the instruments have done all that is

required, and should be removed. Should the head not advance, the introduction of the finger into the rectum with an upward pressure will complete the delivery. When there is any fears for the perineum, after lubricating the part well, sufficient upward pressure may be safely made upon the edge of the fontanelle with the left hand, while with the right sufficient support may be given the perineum, at the same time gently assisting it over the head. In my opinion a rupture of the perineum need not occur if properly supported.

The fear inspired by teachers of midwifery in regard to the use of instruments, tends to unnerve the new beginner, and create an unreasonable prejudice in the minds of females, difficult to overcome. What is needed is a good instrument, a clear understanding of the anatomy of the parts, and a correct judgment as regards the presentation, and you are always safe.

Regarding shoulder presentations, I read an article in a journal some time ago, which advises that the patient be placed with her knees upon a folded quilt some five inches high, with her head down, when, in the interval of pain, the shoulder may be pushed back, after which, by careful manipulation, the head may be brought forward with comparative ease, and the presentation be made a natural one. The thing looks reasonable, and I will try the process if occasion should require it.

In conclusion permit me to say, as regards the forceps business, that I regard the man who invented the instrument as a benefactor of the race, and worthy a monument to his memory.

Art. XXIX.—A Case in Practice. By DR. G. W. BETTERS, Randolph, O.

About one year ago I was called to see a woman about 50 years of age, who complained of pains in different parts of the body. Her symptoms resembled rheumatism, and I treated her accordingly. She improved under treatment until last May, when I was again called to see her. I found her complaining of a frequent desire to urinate, with scalding, burning sensations, and considerable irritation of the parts. She also complained of bearing-down pains, and that the uterus came down part way. She had considerable fever and was quite prostrated. She had the symptoms peculiar to disease of the uterus, headache, backache, and nervousness.

Her treatment was such as is generally recommended for similar troubles, and under which she improved some. She was able to be up, but complained of some pain. During the month of November she was confined to her bed, complaining of much pain and soreness in the urethra. About the first of December, a small abscess formed by the side of the meatus urinarius, broke and discharged some fetid matter and a tooth, which appeared to be a milk-tooth, one of the incisor. In about a week after, there was discharged another tooth attached to a piece of the alveolar process, three-fourths of an inch long, also a piece of bone three-fourths of an inch long, and as large as a pipe-stem.

In one week more she passed another piece one and one-half inch long, having a tooth inserted in each end at an angle of about 45°.

The matter discharged at this time was very fetid. She has passed several small pieces from the size of a shot to that of a pea. She is feeling better, and although there is some discharge, it is decreasing in quantity.

So far as her history is concerned, she appeared healthy until about 20 years ago. At that time she had some trouble in her bowels. Her bowels did not move for ten or twelve days, and became much distended. She was given up to die but finally had a passage and recovered. She was pregnant at the time and afterwards miscarried at about the seventh month of gestation. After her recovery she bore three or four children. Ten or twelve years ago she had a severe attack of inflammatory rheumatism, after which she gradually lost her teeth, but did not have a sore mouth, and does not know that she swallowed any of them. From that time until a year ago she had fair health, with the exception of some rheumatic pains.

One peculiarity of the teeth is that they do not appear to have been used, the crowns being sharp. Will some one solve the mystery?

Art. XXX. — Characteristic Indications for Remedies. By A. H. EHRMANN, M. D., Cincinnati, O.

(The remedies named are prescribed in the first to the third attenuation or dilution; ten drops or grains being added to a half glass of water, the dose being a teaspoonful.)

Aconite. Chill, followed by hot, dry skin; quick, full pulse; great restlessness and thirst, fear and anxiety of mind, sudden sinking of strength, congestion to head, chest, and heart; anxious, labored breathing.

Æthusa Cynapium. Epileptic spasms with elevated thumb, red face, eyes turned downward, pupils fixed, dilated, foam at the mouth, jaws locked, small hard quick pulse; coldness and stiffness of the limbs, vomiting of coagulated milk and diarrhœa with great prostration in children.

Agaricus Muscarius. Spasms with tremor of the body; itching, burning, and redness of the skin; great debility, with trembling of the extremities.

Æsculus Hippocastanum. Constipation, with dryness of the rectum; hemorrhoids; lameness of the back and hips, so that walking is painful; itching, stinging, burning, and feeling of fullness at the anus; hemorrhoidal tumors like drops.

Agnus Castus. Amenorrhœa, with drawing pain in the abdomen; low spirited and melancholy; sterility; diminution of the sexual desire.

Ailanthus Gland. Scarlet fever rash of a brownish appearance; skin rough, delirium, stupor, great debility, great thirst, tongue and lips cracked; skin may be very hot or rather cool to the touch; pulse very rapid and small.

Aletris Far. Habitual tendency to abort, with sensation of weight in the uterine region, and tendency to prolapsus of the womb (bearing-down feeling); amenorrhœa, or menses delayed; weariness of body and mind.

Alium Cepa. Coryza with profuse watery and excoriating discharge from the nose; sneezing and lachrymation, violent cough, earache, hardness of hearing.

Aloes. Sensation of weight or heaviness in the rectum; morning diarrhoea, very urgent, must go at once; rumbling and rolling in the bowels before a stool; hemorrhoids protruding, feeling hot and sore; when urinating sensation as though something had passed from the bowels; stools consisting of jelly-like mucus.

Alumina. Gastric derangement with inactive state of the rectum; soft stools require great straining to expel; tingling itching on the tongue; potatoes disagree, loss of taste, heart-burn, eructations.

Ammonium Carb. Suitable for weak and nervous persons of sedentary habits; scarlet fever when the rash is only faintly developed, with drowsiness, stupor, dry mouth, right parotid gland swollen, burning in the throat.

Ammonium Muraticum. Especially adapted to fat, bloated, and lax individuals, who are indolent and sluggish; during menstruation, vomiting and diarrhoea; discharge of blood from the bowels during the menses, menstrual discharge more profuse at night.

Anacardium. Loss of memory, dullness of mind and inability to think; avoids society, with fear of the future; irresistible desire to curse and swear; diminution of the senses, smell, sight, and hearing; trembling, debility.

Antimony crud. Nausea and vomiting, with white coated tongue; watery stools, with occasional hard lumps; painful sense of fullness of the stomach, which is sore on pressure; no thirst; the child can not bear being touched or looked at.

Apis Mellifica. Burning and stinging pains with scanty secretion of urine; breathing labored, with fever without thirst; dropsy without thirst, and waxy appearance of the skin; œdematous swelling of the face, especially about the eyes; hydrocephalus, with sudden shrill cries; boring of the head in the pillow, squinting, grinding of the teeth, urine scanty, twitching on one side while the other is paralyzed.

Apocynum Can. General dropsy, hydrothorax, urine high colored and scanty, considerable gastric disturbance, pulse weak and irregular, skin dry and husky, hoarse loose cough.

Argentum Nit. Pain in the head with vertigo, gastric disturbance with chilliness, violent belching, black vomit, diarrhoea consisting of green fœtid mucus, inflammation and violent burning or shooting pains in the urethra; sore throat, with sensation as if a splinter were lodged in the throat when swallowing.

Arnica Montana. Bad effects resulting from injuries, bruises, chill and nausea followed by fever, head hot and body cool, bruised sore feeling of all the muscles, varicose veins which feel bruised and sore, many painful small boils, bed sores; restless, with frequent change of position.

Arsenicum. Great restlessness and anxiety with burning pains, violent thirst with frequent drinking of but little at a time, vomiting and diarrhoea, stools watery, offensive, and undigested, dysenteric stools; patient wants to be in a warm room, or warmly covered; attacks of anguish, with fear of death; face pale and haggard, great exhaustion, suppression of the urine or bloody urine, oppressed breathing, œdema of the eyelids, urticaria, eczema, pityriasis, falling out of the hair, trembling, stiffness

and contraction of the joints; aggravation of symptoms after midnight, on lying down with the head low, and in the cold air.

Arum Triphyllum. Sore throat, with putrid smell from the mouth; lips, corners of the mouth, and nostrils raw, cracked, and bleeding; very acrid discharge from the nose, tongue red, papillæ prominent; speakers' sore throat, hoarseness from singing or exerting the voice too much; children pick the nose and lips very much.

Asafœtida. Very great sensitiveness in weak and delicate persons; dryness and burning in the œsophagus, with sensation of a lump ascending in the throat, obliging frequent swallowing to keep it down; caries of the bones, with thin, fetid pus.

Aurum Foliatum. Melancholy mood, with thoughts of suicide; bones of the skull painful, exostosis to the head, caries of the mastoid process, fetid otorrhœa with roaring in the ears, discharge of fetid pus from the nose, fetid smell from the nose; bone pains with swelling, better in warm air, and worse when becoming cold.

Asclepias Syr. Dysmenorrhœa, labor-like pains, intermitting, accompanied by pale and profuse urination, giddiness and nausea.

Baptisia. Typhoid symptoms, dull headache, soreness as if in the brain, sleeplessness, can not go to sleep because "she can not get herself together;" great dryness of the mouth and tongue, tongue coated, dry and brown; putrid, offensive breath, very fetid stools, preceded by colicky pains in the hypogastrium.

Baryta Carb. Mental and physical weakness; fear or dread of the presence of others; forgets what was just said or done; takes cold readily, which always results in sore throat, painful swelling and induration of the submaxillary glands; suitable for scrofulous children that do not grow.

Belladonna. Throbbing headache, with congestion of blood to the head, vertigo, pulsation of the carotids, worse from motion, light and noise are intolerable; furious delirium, illusions, hallucinations, with flushed face and redness of the eyes; wishes to strike, bite or shriek; pupils dilated, eyes brilliant and staring; smooth shining redness of the skin, hot, burning and itching; sore throat, with sensation of a lump on swallowing, and great dryness of the throat; involuntary discharges of feces and urine from paralysis of the sphincters; pains come on suddenly, and leave just as suddenly; puerperal peritonitis, aggravated by the slightest touch or jar, with sleepiness.

Benzoic Acid. Urine scanty, of dark brown color, and strong urinous odor; nocturnal enuresis; rheumatism, with strong smelling urine; hypochondriasis, sore throat and diarrhœa, with the above characteristic urine.

Berberis Vulgaris. Derangement of the urinary organs with pain in the small of the back and hips; intensely painful vagina, burning and soreness as if excoriated, menses scanty.

Borax. Aphthæ in nursing infants; menstrual derangement, sterility, in women sensitive to noises; stitching pains in the right pectoral region when coughing or breathing.

Bovista. Diarrhœa always before the menses, with painful bearing-

down pain ; no appetite in the morning for breakfast ; intolerable itching at the point of the os coccygis.

Bromine. Diphtheria, commencing in the larynx and extending upwards ; croup, where there is rattling in the larynx during respiration and while coughing ; escape of flatus from the vagina in female diseases ; membranous dysmenorrhœa.

Bryonia Alba. In rheumatism and other complaints, marked aggravation on the slightest motion, feels best when quiet ; typhoid fever, with dry mouth and lips, tongue is dry, rough, and cracked, and of a dark brown color ; Delirium at night of the business of the day ; patient wants to go home ; bleeding of the nose with suppressed menses ; urine dark, with pinkish sediment ; pneumonia and pleurisy, with sharp stitching pains on motion or breathing deeply ; cough worse in warm room.

Cactus Grand. Heart troubles, where you find a great sense of constriction, as if the heart was firmly grasped by a hand or in a vise ; difficulty of breathing, attacks of suffocation with fainting, cold perspiration and loss of pulse ; hemoptysis, with convulsive cough ; chronic bronchitis, with rattling of mucus : vomiting of blood, hemorrhages from nose, lungs, rectum, or stomach ; œdema of the feet.

Celadium Seguinum. Impotency, weakness of the sexual power, with coldness of the sexual organs ; low spirits and gloomy thoughts, forgetfulness, itching of the female genital organs, pruritus.

Calcarea Carbonica. Conditions of mental anxiety so great as to cause palpitation of the heart, sweat, nausea, and tremor ; fear of losing one's reason ; suitable for weak, delicate children, who perspire profusely about the head while sleeping ; ailments arising during difficult dentition ; vomiting of milk smelling sour in curds by teething children ; delicate females who menstruate too early and too profusely ; cold, damp feet ; leucorrhœa like milk, profuse and debilitating.

Calcarea Phosphorica. Mental anxiety ; fontanelles remain open a long time in children ; slow dentition ; children are slow in learning to walk ; emaciated children ; rheumatic pains in the shoulder and arm ; fistula ani alternating with lung symptoms ; nasal polypi.

Camphora. Coldness of the skin, at the same time patient does not wish to be covered ; sudden prostration with diarrhœa ; retention of urine, with constant pressure on the bladder and desire to urinate ; pulse small, weak and slow.

Cannabis Sativa. Gonorrhœa, with soreness of the urethra and burning, smarting pain on urinating ; impotence from sexual abuse ; violent palpitation of the heart, sensation as if drops were falling from the heart.

Cantharides. Burning, cutting pain on passing water, scanty secretion of urine with frequent desire to urinate, urine flaky, sometimes bloody ; sexual desire excited ; dysentery, with stools resembling scrapings of the intestines ; painful gonorrhœa with chordee ; pale, death-like appearance of the face ; lock-jaw with grinding of the teeth.

Capsicum Annuum. Inflammation of the throat, with dark redness and burning, sensation of contraction in the throat, elongation of the uvula ; flat, insipid taste, heartburn with eructations, sensation of trem-

bling in the stomach; intermittent fever, the chill commencing in the back, and gradually spreading all over the body; thirst during the chill.

Carbo-vegetabilis. Adapted to cachectic patients who have taken a great deal of quinine; bad effects of over-lifting, roaring in the ears, swollen and indurated glands, looseness of the teeth, sensation as if the œsophagus was contracted, great sense of fullness after eating or drinking, abdomen distended with flatus, eructations of fetid flatus, burning pains; intermittent fever, with yawning and stretching and thirst during the cold stage.

Causiticum. For scrofulous and weak constitutions, bad effects of grief, sadness and melancholy state of mind, weak memory, vertigo, headache with fear of falling; eyelids feel weak and tired, can hardly keep the eyes open; paralysis of one side of the face; scorbutic affections of the gums, gums swollen and exceedingly sensitive; stuttering, difficult speech; sensation as if lime was being slaked in the stomach: sensation of emptiness in the stomach after eating; chronic constipation, with feeling as if the anus was painfully contracted; glandular swellings; loss of voice every morning, roughness and hoarseness in the morning, with burning and soreness.

Chamomilla. Great sensibility to pain, making the patient cross and uncivil; children crying and fretting, must be carried about in order to appeased; diarrhœa which smells like rotten eggs, and looks like chopped eggs and greens, especially during dentition; one red cheek while the other is pale, with great irritability and thirst; flatulent colic of infants; menstrual derangements, with colicky pains and drawing in the thighs; after-pains very distressing; hemorrhage after delivery, dark and clotted blood, with thirst.

Chelidonium Mag. A fixed pain under the inner and lower angle of the right shoulder-blade, in chest or liver affections; orbital neuralgia of the right side, with profuse lachrymation; great sense of tightness around the neck above the larynx, hindering deglutition; constipation stools like sheep's dung; gallstones with jaundiced complexion; reddish or greenish urine.

Cinchona officinalis. Great debility resulting from loss of fluids, as in diarrhœa, hemorrhage, etc.; ailments which have a marked periodicity; metorrhagia, with paleness of the face and coldness of the skin; pulse imperceptible; ringing in the ears; diarrhœa, painless and debilitating, stools undigested, worse after eating or at night; intermittent fever, followed by profuse and debilitating perspiration; sensitive to the least draft of air.

Art. XXXI.—Evolution. By A. D. BUNDY, M. D., St. Ansgur, Iowa.

PROF. A. J. HOWE.—*Dear Sir:* I have read from time to time in the *Journal* your very interesting and instructive articles bearing on Evolution. I am an earnest seeker after truth and somewhat interested in the study of the natural sciences, and generally read everything bearing upon the subject of Evolution or Darwinism, as it is usually called. Ideas gathered from reading your productions, do not show me clearly what your position is in regard to Darwinism. I address this to you as an

open letter, hoping to see your reply in due time in the *Journal*. From the drift of your argument I conclude that you accept the theory of evolution as applied to the vegetable and animal world, except man. Why if evolution is a satisfactory explanation of the order in nature in the above mentioned subjects is it not applicable to man? The study of embryology has been the means of throwing much light upon the subject. In fact it is the source from which the strongest proofs have been reached. The study of Ontogeny and Phylogeny have done much to unravel the tangled skein of Cosmogony. If Darwinism does not assign to man his true place in nature, what must be the nature of the knowledge which shall inform us? How can you explain those peculiarities in the anatomical structure of man. Was the creation of man with an appendix veriformis, which is conceded to be both a useless and dangerous thing, a purposive act? or was it the result of a long series of changes during the evolution of man? In what manner can you account for the rudimentary organs, muscles, etc., in our physical construction? How can you account for those frequent lapses which we see quite often?

Why do we find in man so close a resemblance anatomically and physiologically to the vertebrates occupying a lower scale in nature. Can any more satisfactory explanation be offered than that made by Darwin and Haeckel. Why is it that man in his embryonic life, while in the process of growth or evolution, resembles the lower vertebrates successively from the amphioxus upward? Haeckel in his *Evolution of Man*, vol. i. page 104, says if all organisms have sprung from a common root, man is included in the common descent. But if on the other hand each separate kind or species of organism has been separately created, then man was also created, not evolved. Between these two opposite views lies our choice, and this decisive alternative can not be often enough placed in the foreground. Either all the various species of the vegetable and animal kingdom are of supernatural origin—created, not evolved—in which case, man is also the product of a supernatural act of creation, as is assumed in all the various systems of religious beliefs; or the various species of the animal and vegetable kingdoms have evolved from a few common and most simple ancestral forms; and if this is the case man himself is the latest product of evolution of the genealogical tree of animals. Haeckel may appear to state things too strongly or dogmatically, but his logic is good and seems to me the most reasonable of anything offered. The orderly arrangement in nature seems to favor the evolution theory. The masses are but little acquainted with Darwinism except by hearsay, and opinions based on such evidence are not worth much. Theologians generally ignore the subject, and in reply to your questions regarding it, say, what benefit will it be to us to know whether we are the subjects of creation or evolution? In your article in the *Journal* for November, 1879, you say Darwinism, so called, is not a complete and steadfast doctrine, but a somewhat disjointed combination of theories and speculations invented to account for the origin, continuance and variation of organic forms on the earth. I think you hardly do justice to the study and research of eminent naturalists, to term their results or conclusions arrived at by patient thought and toil mere inventions. Surely those men,

from Aristotle to Haeckel, can not be termed adventurers. They seem to me to have been patient and intelligent workers. It was left to Darwin to crown the work of those past and gone, with the suggestion of heredity, adaptability, natural selection and the struggle for existence as probable explanations of evolution. My last question may not seem just in place here, but I would like to see your ideas regarding it; it is this: What is the difference in that constructive agency which builds a crystal, forms the majestic oak, and to crown all, the physical structure of man, from whose brain is elaborated thought, from the liver bile, from the blood the tissues of the body? Is this constructive force which is displayed from inorganic to organic life, one and the same? I am aware that you wield a trenchant pen, and that I am liable to be severely handled by you if I have been indiscreet in my way of presenting these thoughts. The most I can hope for is, that my temerity may be rewarded by receiving light on the subject. The study of this subject is engaging. Comparative anatomy is a subject that physicians should know something about practically.

Art. XXXII.—*A Starved Woman.* By PROF. E. FREEMAN, M. D., Cincinnati, O.

Mrs. Margaret Tummy, aged 64 years and eight months, died recently at Walnut Hills, Cincinnati, under circumstances which attracted wide attention.

During the last eight or nine years she has had repeated attacks of sickness, with derangement of functions of liver and stomach, attended at times in the last several attacks, with hallucinations and marked mental disturbance. After several months illness she would gradually recover from these, and enjoy moderate health for a time.

Until nearly two years ago she had been under Prof. Scudder's treatment for the most of the time. An allopathic physician had tried his skill with her, and given her up to die, but she had recovered. She came under my care May, 1878, in the middle of one of her spells, Prof. S. having gone to Europe. She gradually improved in her mental trouble and general condition, continuing under my treatment until the middle of August, when she seemed quite well.

She had a slight relapse in September, from a cold, which lasted only a week, and from that time she continued well until September, 1879. Early in the latter month she took a cold which brought on a severe attack of asthma. From this she quickly recovered, by the use of Aconite, Lobelia and Eupatorium perf. and a hot poultice of onions, hops, and ground flax-seed to the chest.

She, however, began to show signs of the former trouble, such as constipation, indigestion, and melancholia, indicated by talking about nothing but her own sickness, and her certainty that she was now going to die. She appeared so certain of it, that nothing that could be said seemed to change her conviction. A thick, yellowish and dirty coating at this time covered the entire dorsum of the tongue, which was removed by small doses of podophyllin with taraxacum and colocynth in pill. A

red tongue broad and glazed followed the other, and great dryness of mouth and throat, but no vomiting. There was distress in epigastric and hypochondriac regions and constriction as if a band was tightly drawn around her. There was evidently gastritis of a sub-acute kind. I allowed her gum-arabic in her water to drink, and placed her upon a milk diet, giving her small quantities often. I afterward allowed oatmeal mush with it, or sometimes bread or rice. The inflammation subsided under the use of minute doses of aconite and ipecac, alternating sometimes with gelseminum or hydrastis. She was not satisfied with her tongue when it was coated, and was much more dissatisfied when it became red. She was constantly sticking it out and looking at it, and saying that it was the sign of inflammation, and it would kill her.

As the tongue became paler, inflammation set up in the parotid gland of the right side, and it became very prominent, red and tender behind the ramus of the jaw. Fomentations were used to the gland and then Merrell's fire extractor, which at last reduced the inflammation and swelling without any appearance of abscess. After a little time it again began to swell and the same ointment again reduced it. She always afterward complained of a trickling of "sweet stuff" into her mouth, but I could discover nothing like pus in her saliva that she would spit out, (which was very little,) nor could I discover anything in the back of the mouth after her jaws became relaxed, that was abnormal.

During this period the idea of dying became a fixed hallucination, and she would talk of nothing but it and her ailments. She complained of pain in every part of her, from her head to her feet, sometimes a tingling in the nerves, at others a distress in the head or side, back, or stomach. She had spells of raving in which she would talk incessantly about the same things from morning till night, and from night till morning. None of the ordinary nervines would quiet her. I tried Gelseminum, Pulsatilla, Hyosciamus, Ammonium-bromide, Sticta, &c. &c., and at last was compelled to use Opiates. I at first used Codea with some good result, but I was obliged to use so much, gr. 1 to 1½, at a dose that it seemed too harsh for the stomach, and I combined Morphine with it, and then Hyosciamus with them both.

In the latter part of October I was obliged to use hypodermic injections of morphine, which would keep her very quiet for twenty-four hours, but she would rave just before the time was up, and if the dose should be a little lighter than usual, she would become quite wild. She had all her life been a believer in dreams. She had a dream that she rode with black horses into a black river, and went under the water, so that she was sure she was lost, and she thought it all meant her death. That became the principal topic of her raving for some time.

December 20th, 1879, after having been very violent for some time, she had severe tetanic convulsions, which, in her weak condition, seemed to threaten her life. The pulse became very small, and at times hardly discernible. She had been complaining that there was a difficulty of swallowing, that the water would not go down, and she would often let it or the milk run out of her mouth. She now would not swallow, and seemed not to be able to, and as the spasms ceased, I thought there might

be a spasmodic reverse action of the muscles of deglutition. She said her stomach was gone, was rotted away; she could hear the gurgling (gas) within her and could smell it, and it was no use to eat or take anything, as she could not live. I had been able to get an operation on her bowels only by quite active physic, sometimes associated with injections. She would fight stubbornly against the use of the latter, and the physic seemed to hurt her. I therefore from this time thought it best not to urge any stools, but let stomach and bowels rest. I gave no hypodermic injections. In fact, she would let nothing be done, and I was satisfied that rest for a while would do no harm. She was old and feeble, and forcing her by injection or any other method would make her stark mad. She was taking no food, and dejections from her bowels would hasten her end. Her thirst compelled her to take ice for a while, and then water, which I assured her would do her no harm, and would dilute her urine, which had become very dense, and gave her great pain in urinating. She had a piece of liquorice or some other root, which she would dip into the water, and put into her mouth quite often to freshen it, and as she said, help her to breathe. After she began to take water, they mixed a little apple jelly in some water, and she dipped a spoon into it and licked the spoon, not drinking it. She thus swallowed about a teaspoonful of the jelly in the day. Her raving was so bad, with no sleep, and she was so restless, that I had an eighth of a grain of morphine dissolved in the jelly-water, which concealed it, and they thus got her to take about two a day for several days.

I argued with her every day that she had a stomach, for she swallowed water, but it did no good. She would not allow herself to be washed, not even her face; would often pull her clothing from a part of her body, and seemed to lose for a time all her sense of neatness. From not bathing a little irritation arose around the navel, which she insisted showed that she was rotten, as she could smell it, and she became very violent when I explained what it was. She retained her sense of smell and taste; would smell the food cooking, ask what they were going to have for meals, and have them bring it up to her, but would not take any of it. She took at one time two teaspoonfuls of soup, at another two beans from some bean soup; at another time a piece of boiled potato, about one drachm; and at another a small bit of roasted apple, which she licked partly away. On two or three occasions she chewed a bit of beef, so as to extract the juice, and then spat it out. She seemed to enjoy the taste, and would say that she could eat everything, but it was of no use, and would just make her worse, as there was no place for it to go to.

Jan. 8th, 1880, in the evening, after arguing with her for a while, I induced her to take two teaspoonfuls of the froth formed by beating up a new-laid egg. She said she would do it because she knew it would kill her. She raved violently until the next noon, and then, exhausted, slept about two hours. She took no more food of any kind and no drink until her death. On the 12th it snowed, and seeing it she requested her daughter to bring her some, and she partook quite freely of it that day, and a little the next day. She gradually became weaker, her raving became less, and finally ceased (she said her bowels were all gone), when

arms and legs became cold and almost pulseless for more than a week before her death.

She told her children she tried to die, and did not know why she could not die. She would often lie in a position to favor dying, and finding that death did not come, she would change it. She died very quietly and easily, her children and husband hardly knowing when she was dead, and she was conscious to nearly the last moment. Her death occurred Jan. 18th, 1880, four weeks and one day from the time that she refused to take any more food. The nutrient material that she took in that time was, two teaspoonfuls of soup, two beans, a small bit of potato, a small piece of roasted apple, the juice obtained by sucking a small piece of meat two or three times, and a tea-spoonful of apple-jelly a day for a few days. For the last nine days, after fasting so long, she took neither food nor drink, excepting a little snow during two days.

Her hallucination persisted to the last. I have been blamed by unfriendly parties, and those who did not know the peculiarities of the case, for not forcibly injecting food into the rectum or into the stomach. I considered the question carefully, and by the advice also of Prof. Scudder I followed the course that I did, as it was found that any food increased the nervous excitement; that forcing her would increase the mania, and might be fatal, while it might be beneficial for the stomach to rest a while. Moreover, she was not in a lunatic asylum.

Just before she died she told her daughter that her "nerves did it." I attributed her mental trouble and nervous irritability, and pain, which was of a tingling character, like "bees stinging her," as she expressed it, to want of nutrition of the nerves and nerve centers, consequent on imperfect digestion and assimilation, and her hallucination was an exaggerated condition of that melancholia that is so common in dyspeptics.

She had requested that her body should be examined, and, her family consenting, I, with Prof. J. M. Scudder, and Dr. P. F. Maley, a relative of hers, an Allopath and formerly Coroner, made the autopsy. Her stomach was found to be contracted to dimensions but little larger than the ordinary size of the colon, yet its walls were thin and natural in appearance, with no indication of induration. There was no softening or ulceration of mucous membrane, as a consequence of inflammation. There were longitudinal foldings of that membrane, the result of the lessened dimensions by contraction, which was a natural consequence of the organ having received nothing into it. There was a slight appearance of congestion of the mucous membrane, which seemed to be the result of stasis of blood, occurring when the heart ceased acting. There was no malignant disease. The cardiac and pyloric orifices of the stomach were open and natural. The heart was examined and found to be small, with the left ventricle tightly contracted, and its wall very thick. There was more fat upon the heart than I expected to see. Some fecal matter was found in the descending colon, which caused a considerable staining of it (possibly post mortem); she had no evacuation in the last four weeks. The kidneys were normal, and the bladder contained a small amount of urine. The uterus was small, but normal, and there had at some time

been inflammation of the left ovary, which had left adhesions. The liver appeared normal in color and size, with bile in the gall bladder.

In the certificate of death I gave as the remote cause, dyspepsia and mental hallucination; immediate cause, inanition.

Art. XXXIII.—*Plantago Major*. By J. W. PRUITT, M. D., Russellville, Ark.

My attention was first called to this plant by an article in the *Eclectic Medical Journal*, May, 1878. There being a quantity growing in my yard, I prepared some as directed. It was not long until I had an opportunity to test it.

CASE 1.—Infant teething, gums swollen, tender, mouth dry, diarrhoea, child fretful, but no fever. R Tr. *Plantago M.* gtt. v., fluid extract nux gtt. iij., water ℥iv. M. S. Teaspoonful every hour, Symptoms vanished in a few hours.

CASE 2.—Same as the last. Was called in the night; prescribed the same as for the first. The next morning the father, a near neighbor, hallooed across the street, "Doctor, the baby is well."

CASE 3.—Saloon keeper. First superior left bicuspid broken off below the gum; tried to extract it with a dentist's screw, but failed. Gave him—R Tr. *Plantago* gtt. v., water ℥ij. M. Teaspoonful every half hour. Relieved after second dose, and has remained so ever since. I have no doubt this will prove a most valuable agent.

PERISCOPE.

Rectal Alimentation.

Alluding to an article by M. Michel, which has lately appeared in the *Gazette Hebdomadaire*, giving an account of the trials of rectal alimentation that have been made, and in which he came to a conclusion unfavorable to the absorption of the nutritive matter of the substances injected, Prof. BROWN-SEQUARD observes, in the number of the same journal for November 14, that, however applicable this conclusion may be to enemata of milk, broth, eggs, or defibrinated blood, it certainly is not so with regard to enemata of meat and pancreas. The practical question is not whether the large intestine does or does not secrete juices endowed with digestive power. In a therapeutical point of view the question at the present time is to know whether, on mixing with the alimentary matters either gastric juice or pancreatic juice, and injecting the mixture into the intestinal canal, digestion of these matters will take place, with absorption of the product of digestion. The experiments and clinical observations of Leube and of Feichter, and those of Prof. Brown-Sequard himself, place the fact quite beyond contradiction; and experiments showing that the large intestine is not possessed of digestive functions do not contradict this assertion. It is a question of artificial digestion, in which the large intestine may be as inert as any vessel in which this might be conducted.

Prof. Brown-Sequard refers to several cases—some published, others

not—in which he has, by means of enemata of meat and pancreas, been able to keep patients for days and weeks (in one for more than three months) without loss of weight and strength. The quantity of meat required, when a patient has to be maintained solely in this manner, is at least 400 to 500 grammes per diem, and of pancreas from 150 to 200 grammes—these quantities serving for two daily enemata. When the pancreas is quite fresh, the digestion of these substances is so complete that no traces of their presence can be found in the well-formed feces which the patient passes—the tissues of both the gland and the flesh having been evidently digested in a complete manner.

In the number of the Gazette for November 21, Prof. MAYET of Lyons, states:—"I have employed this means in the Lyons Hospitals for six years, but with certain precautions, which I believe to be of considerable importance. Why should we inject the tissue of the pancreas, which contains unabsorbable substances, and meat in a state of nature? Even chopped up and triturated, such a mixture might cause irritation of the intestine, and not be easily retained. To obviate this inconvenience, I have the pancreas bruised in a mortar with tepid water of about the temperature of 37° C., and then press the pulp obtained in a cloth. The liquid so procured is intimately mixed and triturated with the flesh without fat, which has been chopped and separated from all fibrous parts, and with the yolk of an egg. The product is left to stand during two hours, keeping it at the same temperature, and is then thrown into the rectum, first cleared out by a simple oily enema. By this procedure we have the advantage of injecting, not substances in a state of pulp which have not been digested, and which may be rejected, but alimentary substances that have undergone, at the temperature of the economy, the action of the dissolving ferments, unmixed with the debris of useless tissues, and therefore lending itself much better to rapid and easy absorption."—*Medical Times and Gazette.*

Exact Period of Commencing the General Treatment of Syphilis.

Opinions on this question are still divided. While one party regards primary treatment, *i. e.*, when the first local morbid phenomena are observed, as necessary, the other party decides for later treatment, and this only when certain definite symptoms of the general illness positively show themselves. Both parties appeal to statistics in favor of their theories. Professor SIGMUND means, by the term "primary," that period of the syphilis which extends from the transmission of the disease till the first symptoms of the same show themselves on the outer skin and the mucous membrane of the throat, *i. e.*, from six to eight weeks. During this period, the course of the disease runs according to an invariable type, while in the later period only the secondary forms appear typically, and these only in the beginning, because they vary afterwards as to symptoms and duration. The primary forms continue in the great majority of cases after the evolution of the secondary forms, and both will then indicate the anti-syphilitic treatment. The remedies for this affection are the well-

known preparations of iodine and mercury, their combinations and the concoctions containing them. In order to answer the question in dispute, it is obviously necessary to study thoroughly many and various forms of this disease in both sexes and at various ages, taking into account the constitution, external influence, and the various modes of treatment. Especially as to the success of the treatment during the chronic course of syphilis, and its transmission by procreation, only close observation, extending over many years, can decide. The author believes himself peculiarly qualified to make the following statements, on account of his exceptionally large experience. 1. The primary forms of syphilis take a favorable course during the period of six to eight weeks by purely local treatment, corresponding to the anatomical seat, type, and extension of the affected tissues, the constitution of the patient, and the external circumstances which influence him. The healing process is neither simplified nor shortened by any medical antisyphilitic general treatment. The use of energetically effective means (iodine, mercurial preparations, aperient and sudorific preparations), as well as lowering treatment, frequently retard the healing process, or create a deterioration of the disease. This has been clearly proved in those cases in which the employment of the aforesaid means induced an unfavorable course of the disease, but in which rapid improvement took place after resorting to purely local treatment. 2. The secondary forms of syphilis are so mild in a great number of patients (40 per cent.) that they do not perceive them, and in a further considerable number of patients (10 per cent.) morbid appearances on the skin and the mucous membrane of the throat are scarcely perceptible, and rapidly take a favorable course by merely adequate local treatment, without disturbing the nutrition, functions, and general condition of the respective patients. Experience proves that serious secondary forms appear less when the expectant treatment is adopted than when antisyphilitic means are resorted to from the commencement of the disease. The author also maintains that, in the later period, there are more numerous and certain indications for the selection and application of the remedies. 3. The more extensive, pronounced, and obstinate forms of syphilis, whether initial or secondary ones, develop themselves in persons who suffer simultaneously either from a pronounced or a latent constitutional disease, also in those who live under unfavorable hygienic and dietetic conditions. Many antisyphilitic modes of treatment have the same unfavorable influence. 4. Experience has proved that an adequate, general, antisyphilitic treatment, resorted to only in the later period, is followed by more rapid and complete results than the primary treatment, as the latter is protracted and frequently requires repetition. According to the author, the best period for the commencement of a general antisyphilitic treatment is, therefore, the secondary, but even then we must only resort to it if several organs and systems suffer from this disease, or if one of the same is seriously affected, or the nutrition and functions of the organism are known to be deteriorated solely by the syphilis. In mild attacks, and the affection of individual organs, adequate local treatment is also sufficient for the second period. For every period, however, and for every form of syphilis, the most attentive hygie-

nic and dietetic care as well as regard for, and treatment of, other constitutional diseases, are indispensable. The author rejects as untenable the view popular in daily practice, that out of regard for anxious patients, and the reputation of the physician, it is humane and wise to commence the general treatment with small doses of the antisyphilitic remedies during the primary period. The employment of a mode of treatment regulated according to the principles before mentioned will, in time, alone make the demands and judgment of the patient reasonable.—*London Med. Record.*

Etiology of Sensitive Neurosis in the Region of the Median Nerve.

The following case is published by Herr FRAGSTEIN (*Ber. Klin. Woch.* No. 13, 1879). A gentleman who had always enjoyed good health began to complain of a sensation of numbness and formication in the thumb, and in the fore and middle fingers of the right hand. A similar slight sensation existed in the radial side, both of the fourth finger and the volar surface of the hand, and extended along the wrist to the muscles of the thenar. There were no motor or trophic disturbances, either in the muscles or in the skin, hair, and nails. The spot where the median nerve divides into the different digital branches was sensitive to pressure. A very disagreeable sensation always followed where the patient came into contact with cold objects. No painful spots could be found in the whole course of the nerve in the arm. The patient, being a dentist by profession, had been obliged to press frequently with the palms of his hands against the conical handles of his instruments. He rapidly improved by treatment with the constant current.

Renal Inadequacy.

At a recent meeting of the Medical Society of London (*Lancet*, Nov. 29, 1879), Dr. Andrew Clark read a paper on renal inadequacy, by which he means that state of kidney in which it is unable, without material diminution of quantity, to produce a urine containing the average amount of solids and of a specific gravity greater than 1014. The deficiency of solids chiefly affects the urea and uric acid. The urine was pale, almost invariably free from albumen, and deposited no casts. He did not profess to determine what was the exact pathological state of the kidney; but he conjectured that it was one of slight withering and induration, just as sometimes the skin is found withered, hard, and incapable of producing a true unctuous sweat. This renal inadequacy had, so far as he could see, no characteristic symptoms, and we found it out only by searching for a cause which should be found adequate to the explanation of the patient's trouble.

The symptoms and signs most commonly associated with renal inadequacy were, flatulent dyspepsia; palpitation, with a very feeble and interrupted capillary circulation; a dry, shiny, waxy skin; numbness, tingling, cramps and pains in the limbs, occasional flashes, worry of brain, and general nervousness; sometimes thickening of the terminal joints of

the fingers, and sometimes, but rarely, evidences of gout. One knew in a given case that these symptoms were due to renal inadequacy, not merely because there was a grave deficiency in the excretion of urinary solids, but because whatever diminished that secretion, or whatever added to the amount of solids to be excreted, invariably within a short time aggravated the patient's sufferings. Three things were of great importance in these subjects: They are exceedingly vulnerable; they repair very slowly the damage done by accident or disease; they bear very badly the shock, however slight, of surgical operations—a fact mentioned by Sir James Paget (Clinical Lectures, p. 44).

As to prognosis, this state seemed capable of indefinite prolongation without serious secondary injury to the organism. Under unfavorable circumstances and bad management death might occur from some local inflammation, from cerebral or other hemorrhage, or from the so-called pyæmic fever springing unexpectedly out of some, perhaps trifling, surgical operation. He then enumerated what he considered the special characters and appearance of patients who had been the subject of renal inadequacy for over four or five years:—"They have at least a marked and striking physiognomy; they increase in flesh; they become puffy without being distinctly œdematous; the skin becomes drier, more shiny, and yellower; the features swollen almost to distension; the pupils are dilated; the lips and cheeks of a bluish red color; the articulation deliberate and somewhat difficult, and the whole intellectual tone and manner subdued and slow." From one side the physiognomy was like that of pernicious æmia, from another like that of chronic Bright's disease, and yet it seemed distinct from both.

As to treatment, much might be done by good management, by which he meant the adjusting of the quantity and quality of the food to the diminished excrementitious activity, the withholding of such agents as directly lessen the secretory power of the kidney, aiding the kidney in its work by making the supplementary excretory organs fulfill that part of the work which the kidney was unable to do, and generally by placing the patient in those conditions which would give the organism the greatest power for resisting the inroads of disorder, and for making sufficient compensation when complete repair was unattainable. The tepid bath, followed by brisk friction, the use of warm clothing, and the avoidance of passing exposure to cold and damp, with gentle exercise daily in the open air, were indicated. The diet should be light; stimulants should be avoided except to the extent of one glass of claret or other light wine twice a day.

The medicines he had found most useful were small doses of arsenic with reduced iron at meals, and an occasional mercurial alterative. If digestion was disturbed, he discontinued the iron and arsenic, giving the patient bitters with alkalies between meals, and a mercurial alterative every third night for two or three times.

He concluded by narrating a case which he first saw some years ago. By a strict adherence to a limited dietary, and by the use of purgatives and diaphoretics, this patient improved so much as to consider himself quite well; whereas, when he was taking food and wine every two hours

it seemed that the more he took the worse he became. A very remarkable fact about this case was, that as his supplies of food and wine were reduced, the patient's urine steadily rose in density from 1003 up to a very fair standard; and in three weeks he left town declaring himself quite well. When seen six months ago, this patient seemed and declared himself to be quite well, his only complaint being that he could not relax his dietary without being ill.

EDITORIAL.

The Relation of Cause to Effect in Medicine.

Whilst the majority of persons will admit that "every effect must have a sufficient cause," and that "causes produce constant effects," they deny or ignore it in the ordinary pursuits of life. We are met at the threshold of medicine with the statements that "there is nothing definite in medicine;" "there are no specifics in medicine;" "the action of remedies is and must be uncertain;" "we can never predict what the action will be when we give a medicine." In other words, we are to understand that there is no relation between cause and effect in medicine.

It is just the same in the ordinary affairs of life. There are very many people who can not see the relation between well directed industry and success in life. They can not see the relation between right living and good health; between a decent respect for and obedience to the ten commandments and a respectable position in the community, and good moral health. A man will abuse his body, and still expect to enjoy health, comfort, and long life; he will be intemperate in the use of alcoholic drinks, and expect to live long and die happy; he will be a glutton, and expect that his stomach will befriend him, and that his body will bear this misuse kindly; he will use large quantities of tobacco, and expect that his nervous system will continue sound, and his digestion good.

Do we realize as we should the relation between causes and diseases which result? A man builds his house without drainage, and possibly allows the waste of his kitchen to run into his cellar, and is surprised that sickness follows, and wonders why *Providence* has thus afflicted him, or has taken home some member of his family. A town or neighborhood uses water from shallow wells (surface water) with their privies draining into them, and wonder that they are afflicted with diphtheria, typhoid fever, and dysentery, and again think of the *inscrutable ways of Providence*.

It is a good thing to think all these matters over, and the many additional examples that might be given brought in, and realize that we have not given sufficient attention to the relation of cause and effect, and that it is best for us to take the subject into consideration, in all its bearings.

In the practice of medicine this is especially necessary if we are to have the highest success. A physician must realize the relation between disease and impairment of life; between the performance of function and the continuance of life; between a good condition of stomach and the taking of food and remedies; between a good condition of bowels

and good digestion, blood-making, etc. Can we give nauseants, and remedies that irritate or otherwise unpleasantly influence the stomach, and expect our patient to be comfortable, to take food, and save his strength? Can we give cathartic medicines and get up an artificial diarrhœa, and still have digestion of food, right sympathetic innervation, and bodily comfort and rest?

If quinine has been proven to be a remedy in malarial disease, characterized by periodicity, and equally well proven *not* to be a remedy in continued fevers, why should physicians persist in its administration in the latter, when it certainly injures the patient? If it is clearly shown that opium relieves pain by narcotizing the brain, and that it does not remove the cause of pain, why should physicians persist in using it to the exclusion of means to remove the diseased conditions upon which the pain depends?

It is hardly worth our while to enumerate the absurdities of medicine which show that physicians do not regard the relation of cause and effect; on the one hand looking for effects without natural causes, and again seeing causes without anticipating effects. This is a common failing of mankind, and it will be a high civilization that will measure the relation between cause and effect in any calling or relation in life.

The new practice of medicine rests upon the truth that "like causes produce like effects," and that "like effects result from like causes." It insists that conditions being the same, like results will be obtained from the action of individual remedies. It is true that man is a complex mechanism, yet is he subject to fixed laws, and these may be known and acted upon. As my experience widens, and I am enabled to see things clearer, I am more and more convinced that specific medicine is scientific medicine, and that it must be the practice of the future.

Little Things in Obstetrics.

The papers that have been published under this heading were not intended to establish any new rules or practice in the obstetric art, and possibly there was but little new in them. What there was, was the result of my experience in this branch of the profession, and if I have had a better class of cases than my neighbors, I am thankful for it. I have not used forceps because my patients have not had occasion for them. I have performed craniotomy but once, because there has been but one occasion; I have turned the child but three or four times, because it came right end first; I have not used ergot because I was willing to wait; and in breech presentations I have always got along comfortably, because I made no effort to change the presenting part by bringing down the extremities, and by seeing that the delivery of the head was not delayed. In fine, I have taken it for granted that nature does this obstetric business wisely in the great majority of cases, but I want to see that she is not interfered with, and be ready to lend a helping hand when occasion requires.

I am sure that our patients will get along better if the minor ills of pregnancy are remedied by appropriate treatment, and the mother has

that rest and comfort which every woman should have during pregnancy. I am satisfied that meddlesome midwifery is a very bad thing, and so I have insisted that a physician should thoroughly understand the mechanism of labor, make but few examinations during the first stage, know the first stage from the second, but be ready to give any assistance, if assistance is required.

Within a few weeks I have seen a case in which a physician stayed with a patient for thirty-six hours, making numerous examinations, irritating the soft parts until on the verge of inflammation, and yet labor had not commenced. In a second case, a protracted labor was speedily terminated by hooking the finger in the os, drawing it forward, and holding it in that position until the head had advanced.

But that which I wished to insist upon most was the use of remedies during pregnancy and following delivery. A few months since, I prescribed the minute dose of Nux in a case of morning sickness and vomiting, where the woman had suffered everything that flesh could bear in two previous pregnancies. She was so much relieved that she asked with emphasis, "Why could not the physicians have given me this medicine before?" I meet with persons now and then who are surprised that anything can be done for pelvic pains, dragging sensations, false pains, weak back, and the many unpleasantnesses of advanced pregnancy, and they want to know why they have been allowed to suffer.

A very fair example is found in the treatment of after-pains in the last three patients I have attended. Each had suffered severely after previous labors, each had taken some preparation of opium for relief, and the three agreed that the treatment was nearly as bad as the disease, and one insisted that it was so much worse that she "would rather suffer from after-pains than take morphine." To each the prescription was—R Tinc. Aconite gtt. v., Tinc. Macrotys gtt. x., water \bar{z} iv.; a teaspoonful as often as necessary (every one, two, or three hours) to give relief.

When one recalls the old treatment of sore nipples and inflammation of the breasts, with poultices *ad nauseum*, pain *ad infernum*, and doctor *ad quod damnum*, he will begin to appreciate the modern treatment, even should it be restricted to the one remedy, Phytolacca. This is but a type of the old practice of medicine, and there can be no mistake that a reformation was greatly needed.

"Why should I not make a Specialty in Practice?"

So writes a graduate of some six years, and adds: "It would be very much easier than riding over this muddy country." So it would, so it would (as our old Prof. Jones used to say), so it would, and why not? Simply because you are not prepared for it. There are but few successful specialists (we exclude traveling doctors, advertising dodgers, and sundry leeches that fatten upon public credulity), and these are mostly oculists. It requires a special education, training, and ability, to succeed; a good general education, a good education on the specialty, a good address, and habits of close observation with trained senses. Following a thorough medical education, the physician will give two or three years

of close study under a competent instructor to diseases of the eye alone. Then I answer my interrogator, have you these qualifications? have you given any subject this study?

But any physician who chooses to work can prepare himself for the treatment of diseases of the eye, diseases of the ear, diseases of the chest, or the treatment of chronic disease in general. It requires work, and the man who expects to succeed by laziness, because he is a lover of laziness and prefers to get a living easy, will find himself mistaken. I do not care what a man wants, if he wills and works steadily and long enough, he is pretty sure to get it.

Every physician should have steadily in view a future when he will be able to attract patients from a distance, when he can have regular office hours, and when he can have an assistant to do the hard riding. If he is a worker, and prepares himself as years pass by, I will guarantee success.

Homœopathic Use of Remedies.

We commence in this issue the publication of a series of papers on "Characteristic Symptoms" indicating remedies. It is straight Homœopathy, unmixed, and as nice a study as I have seen for many a year.

I present it to the readers of the *Journal* that they may have the subject clearly before them in compact form, so that they may compare it with our teachings, try it in cases of disease, carefully observe the effects, and know something of this school as well as the regular. I do not see that there is any reason to be afraid that Homœopathy will run away with us. If I thought so, I might appeal to my readers' prejudices in order not to lose my constituency.

It will be noticed that these indications are for *dilutions*, and not for the dose we use, and of course the indications can not be expected to agree with ours—in fact, they are sometimes just the opposite. These are decimal dilutions, and if one wishes to prepare a remedy for experiment, he will take ten drops of a good tincture and add to it ninety drops of alcohol, and mark it "first dilution." Of this he will take ten drops, and add to it ninety drops of alcohol, and mark it "second dilution." This may be continued as far as he wishes, though probably he will not care to go beyond the third at first.

Putting themselves on Record.

It is right and proper that our profession should know where men who wish to be its teachers stand—should know what they believe and what they teach. It is a very important matter to the student of medicine, for he is laying the foundation for his life work, and success or failure may depend upon his instruction.

We wish every one to know exactly where we stand, and just what they may expect if they come to the Eclectic Medical Institute, if they purchase our books, or if they subscribe for our journal, and no one can charge us with double dealing. We teach a system of direct medication based upon the well known axiom that "like effects follow like causes," and to make it clear to every one we call it specific medication.

Prof. Jay, in behalf of Bennett Medical College, has placed himself on record as a disbeliever in this doctrine, and a believer in the old dogma of uncertainty. He says:—"All persons are not influenced in a similar way by medicine when the system is in a state of health." "So long as the conditions and phenomena of health and disease are not the same in all persons, the action of remedial agents can not be the same in all. Hence positive, or 'specific medication' exists only in name, not in reality."

The California Medical Journal, speaking for the new Eclectic College there, says:—"There is a class of Old School physicians between whom and Eclectics there is no difference of fundamental doctrine or principle of practice. Then again, it is only the doctrine and practice of *this class* of the Old School that would be regarded by that *entire school* as representative of proper old school medicine and medication. *Between this Old School medicine and Eclectic medicine, we repeat, there is no fundamental difference.*"

This is all honest and right, but when we say some Eclectic colleges are very dilute old school institutions, and teach a very dilute old school system of medication, they should not be offended. Students who wish old school doctrines and medicines at second hand, should surely patronize these institutions, for very surely they would not find themselves at home with us.

If any one will take the trouble to look over the list of subscribers to this Journal, published month by month, they will see that the mass of the Eclectic profession go with us. They go with us because we have something distinctive, because we teach something different, and they know that the difference is real and valuable. Old fashioned Eclecticism was good, and is to day better than the hybrid liberalism, and the new addition of small doses for direct action gives that which before was wanting to a complete system of medicine.

A Liberal Eclectic Catechism.

Pursuing the same train of thought, we reproduce an Eclectic catechism, which may be studied to advantage. We do not want any to fall short because the truth is not presented in an acceptable form, and it will not be our fault if anything is hid under a bushel. The answers are mostly quotations from the scattered writings of "liberal" teachers.

Question. How have the improvements in medicine during the past forty years been effected?

Answer. "Let the credit be awarded to those who have advanced the boundaries of human knowledge, rather than to those who have simply profited thereby."

Ques. Why was it impossible that Beach, Morrow, Jones, King and others, who have been leaders in Eclecticism could have made any discoveries, or accomplished anything towards a better practice of medicine?

Ans. "If it appears that they, with the aid of but little scientific education, and without the help of apparatus or experiments, have discovered truths and principles which have baffled the pursuit of those who have every aid that education, wealth and zeal could bestow, we shall

cheerfully concede that they are much more thoroughly medical philosophers than we had believed them to be."

Ques. To whom then is this reform to be attributed?

Ans. "Now so fully shown and demonstrated by Prof. J. Hughes Bennett, M. D., of Edinburgh, Scotland."

Ques. When and how did Prof. Bennett discover Eclecticism in medicine, and prove its truth?

Ans. He discovered it in the *ductus communis choledochus* of the dog, and proved its truth by showing that mercury did not increase the secretion of bile. Of course, if it did not increase the secretion of bile it was worthless, and, being worthless, the practice built upon it must fall.

Ques. Who discovered Bennett?

Ans. Certain persons who wished a name for a liberal medical college, which would draw from both sides, appropriated him as the old and genuine *bona fide* father of Eclectic medicine.

Ques. What has been the success of this movement?

Ans. "If the dog had not stopped to void his bile, he might have caught the rabbit," (old proverb.)

Treatment of Chancre and Chancroid.

It is conceded that there are unpleasantnesses that a patient does not like to carry around with him, and the sooner they are cured the better he likes it. A consideration of how they may be cured will be a good study.

I take it for granted that the reader knows that a chancre (infecting syphilis) is single, and that a chancroid (not infecting) is multiple; or at least that this is the rule, though I believe there are some exceptions to it.

We will also agree, probably, that the local sore (chancre) in true syphilis is but the expression of an already constitutional disease. In other words, that the syphilitic poison has been absorbed, has infected the lymphatic system, and now reappears at the original site of contagion, as in the case of vaccination with the virus of cow pock.

It is also possible that we may agree that in the case of a true chancre (true syphilis) no local treatment will prevent constitutional infection. As we would agree in the case of chancroid (multiple sores) that no local treatment would produce infection.

In four hundred and ninety-nine cases in five hundred, syphilis is initiated with a sore—chancre, and without such chancre there is no constitutional disease. The exceptions are, in cases of primary bubo, and certain exceptional cases where the contagion of the constitutional disease is propagated by contact.

When a person shows one distinct sore on his penis, in the early stage, it is good practice to clip the thing off with a pair of curved scissors, or sharp bistoury. It must be done nicely, for if the slightest portion remains, even of induration, or the secretion touches the wound, the sore is reproduced the full size of the part excised.

In the larger number of cases of both chancre and chancroid, in the

early stage, we will thoroughly cauterize the sore with strong nitric acid, and repeat, if necessary, the second day. Repeating the cauterizations does not seem to me profitable. There are cases in which carbolic acid of full strength, or chloride of zinc, will be better, but in the larger number of cases it is nitric acid.

Now for the dressing. If the part is rather pallid, the sore covered with a pultaceous exudation, dust it with sub-nitrate of bismuth or calomel. If it is red and angry, make the dressing Mayer's ointment, or may be port wine with tannin or opium, if red and relaxed. Don't roll up your eyes and look frightened at the mention of calomel for a dry dressing to chancre, for none of it will be absorbed, and we can afford to follow the doctrine of *similia similibus*, cussedness for cussedness, in this case. Average the cases up, calomel will fit the largest number as a dressing.

"Regular" Practice.

We get an occasional insight into the regular practice of medicine (the practice of medicine that needs the protection of law), and it is singular how little it has changed in the last twenty-five years.

The following is a fair example. During the past month a man came to my office and asked if I could give him a consultation. Most assuredly, walk into the office. He commenced by stating that he lived in Indiana, some eighty miles from Cincinnati, and wanted to get my opinion in regard to the treatment of typhoid fever. How long has the patient been sick? "Oh, the patient is dead, but I wish to satisfy myself that the treatment was right, and that we did what was right in the case of our son."

I stated to the father that I did not wish to give an opinion that would injure the attendant physician, and that, as no good could result, I would rather not hear his history. But he insisted that he had come a long distance to satisfy himself and wife, and he would take it as a great favor if I would at least let him describe the case to me. I could hardly refuse under the circumstances, and the following is the report.

A young man who had always enjoyed fair health had fitted himself to teach school, and started from home to teach a school some ten miles distant. He had not been feeling well for some days, but commenced on Monday morning, did not feel so well Tuesday, and gave it up on Wednesday night, and remained at his boarding house, still up, but feeling bad and weak until the next Tuesday, when a neighboring physician was called in to see him. The people of the house thought he should have a good dose of *calomel*, the doctor agreed, and measured out two portions, which, with some quinine, he thought would set the young man on his feet. The calomel operated freely, with great prostration; and the quinine disturbed the brain, so that it was thought best to send for the parents. They came and took him home.

At home they noticed that his mouth was a little sore, the glands enlarged, and there was an increased secretion of saliva, and a slight tendency to diarrhoea. They sent for a physician in their neighborhood, a reputable man. He diagnosed the case "typhoid fever," and said he must

have "checking powders" every three hours to keep his bowels still, and quinine during the day and morphine at night. So the case went on for six days, the patient growing weaker and worse, and the parents uneasy. They then asked the doctor if it would be best to "move the bowels?" Yes, he thought it would, and made out three white powdere, which were to be given four hours apart. After he had taken the first one he seemed worse, the second operated, and the patient was greatly exhausted. "Checking powders" were renewed, quinine continued, and another four days passed, the patient growing worse. His mouth was very sore (the doctor using a solution of chlorate of potash for it), the glands much enlarged, the saliva drooled from the mouth; on the right side of the neck was a swelling that came up even with the jaw, and was poulticed; bowels locked up by the "checking powders." Parents thought the bowels had better be moved, doctor coincided; they suggested castor oil, the doctor said he had something much better, and gave two large pills. The bowels were moved, and the parents noticed blood in the discharge; there was great prostration.

So the case progressed from bad to worse, until death terminated the trouble on the twenty-ninth day.

The father asked, "would you have treated the case in this way?" No I would not; but then you will recollect that I belong to a different school of medicine.

"Did he take calomel, and was he salivated?" It seems that he did, and there is no mistake about the salivation.

Then I put the case to the father in this way: You employed an old-school physician. You could only expect from him that practice. You knew that he gave calomel, and you can not grumble that he gave it to your son. If a man sows oats, he can not expect to gather wheat. If a man employs a "regular" doctor, he must expect to get just such "regular" practice, and not get homœopathy or eclecticism.

Dr. John Martin Honigberger.

Since the issue of the last number of the *Journal*, I have procured from London a copy (second hand) of the work of this author, who is said to have taught Specific Medication in 1852, and who is therefore to be regarded as its father. The old gentleman seems to have found a happy mean betwixt Old School medicine, in which he was educated, and Homœopathy which he was taught by Hahneman himself, and to which he seems to have been a convert.

There are many interesting things in the book, and any person would read the first part (Travels and Experiences in the East) with great interest. A Homœopath would value the second part, which reproduces, to a very considerable extent, his symptomatology, and a physician practicing in the East would find the third part, *Materia Medica of India*, of great value. I concede more than this, that any physician could give the whole book a thorough examination with profit.

I think Dr. Honigberger saw clearly when he described our Old School neighbors as—"Rushing into the field armed with enormous pills, and

bottles of all sizes containing the most powerful mixtures, striking at the foe with wild and deadly force." And the Homœopath—"With less martial display, attacks the enemy in a manner which seems the quintessence of feebleness and inertia—a small case, containing pigmian flasks, filled with lilliputian pills, which the least breeze would sweep away, and a few minute drops, are all the direful weapons."

He is right when he says—"It is a palpable act of cruelty in mothers to force their infants to swallow remedies which are repugnant to their taste, in the mistaken notion that bitter pains are to be removed by bitter medicines." I add to this that it is a palpable act of cruelty to give adults nauseous medicines, which adds to rather than relieves disease, and is quite as likely to kill as cure, the action of medicine being a great uncertainty.

To show the character of Dr. Honigberger's symptomatology, I give the therapeutics of spasms: "*Abelmoschus*—spasms. *Abrus*—palsy. *Acacia*—epilepsy. *Æther*, *inhalation*—spasms, in tetanus and lock-jaw. *Ambra gr. i.*—spasms of the facial muscles. *Antimony Tartrate*—spasmodic movements, tetanus in consequence of a wound, chorea."

Honest Legislation.

We are not opposed to honest legislation that will give the people a better practice of medicine, but are opposed to legislation to form a close corporation in medicine. If our regular friends want a law, we will meet them half way, and agree to a board of which they *shall not* have the majority—say two regular, one eclectic, and one homœopathic physician, and three men outside the profession. And if they are working for the good of the people, they will concede that all medical offices and appointments shall be filled by competitive examination (the *concour*), due notice of such examination being given in the public prints, and all physicians, without reference to school, being eligible. This is right and honest, and we do not see how men believing in a free government can oppose it.

A Board of Health in Massachusetts.

They have a bill before the legislature of Massachusetts looking to the establishment of a Board of Health, and the regulation of doctors. But as they are a much more liberal people in New England, the bill is more liberal, and recognizes the three State Societies—Regular, Homœopathic, and Eclectic—as entitled to equal consideration. We clip the following from a morning paper, showing the colleges that are under a cloud, and not recognized. It is headed, "*A List of Fraudulent Medical Colleges, which sell Diplomas.*"

"BOSTON, Feb. 17.—At a hearing before the legislative committee to-day, the names of nine legally chartered medical colleges were read whose diplomas are not recognized by the Massachusetts Medical Society because of proof positive that these colleges sell their diplomas without any evidence of study or fitness for medical practice, one of them (the Philadelphia University of Medicine and Surgery) maintaining an agency in Europe for the express purpose of selling diplomas. Three of these

nine institutions are in Cincinnati. The list is as follows:—American University of Medicine and Surgery, of Philadelphia; Philadelphia University of Medicine and Surgery; Physio-eclectic Medical College, of Cincinnati, O.; Physio-Medical College (new issue), of Cincinnati; American Eclectic Medical College, of Cincinnati; St. Louis Homœopathic Medical College; St. Louis Eclectic Medical College; New England University of Medicine and Surgery, of Manchester, N. H.; University of Medicine and Surgery, of Haddenfield, N. J.; and American Vitopathic College, of Cincinnati."

The "Physio-Eclectic" and the "American Eclectic Medical College" will be recollected as the diploma shops run by one Nicely, and the "St. Louis Eclectic" as the college of Dr. Field.

Cancer Quacks.

We have had two cases in our hospital during the winter that illustrate the cancer quackery in a vivid manner. One, a young lady from Iowa, had observed for many years a kind of wart on her nose, but it had given neither pain nor annoyance. Finally a traveling cancer doctor came through the country, saw the young lady, said it was a cancer, and if not removed before it commenced growing, it would kill her. He made a bargain for its removal, applied a cancer paste, and with it eat the end of her nose off. People were enraged at it, and the quack left the country.

An old farmer came into the office saying, "Doctor, I want you to examine my back; the doctors say I have a cancer, and I am frightened about it. They say if it is not taken off, it will kill me in a year, but they ask so much for doing it that I can't pay the bill."

The old gentleman turned up his shirt, and there was a simple *fatty tumor*, the cause of all the offending. It had been irritated by the friction of the clothing, but there was not a single element of danger in it. I sent him up to the lecture-room, and in ten minutes he was freed from his cancer.

Who did the Stealing, Bartholow or Potter?

Or is it another case where great men unconsciously cerebrate alike? It is a very queer case. We have Bartholow on Rheumatism in the *January Medical News and Abstract*, and Potter on Rheumatism in the *January American Medical Journal*, and as much alike as two peas.

Bartholow says there are "three classes of subjects who are attacked by rheumatism: the cachectic, the feeble, and nervous; the obese, florid but flabby, drinkers of malt liquors; the vigorous and able-bodied, who have inherited or acquired a rheumatismal diathesis."

Potter says "there are three classes of such constitutions: the cachectic, feeble, and nervous; the obese, florid, but flabby drinkers of malt liquors—beer guzzlers; the vigorous and able-bodied, who have inherited or acquired a rheumatismal diathesis."

Thus the similarity of thought and language continues over five pages of Potter and five pages of Bartholow, so that if we did not know they were both virtuous men, we would suppose that Bartholow was *enciente*

by Potter, or Potter was *enciente* by Bartholow. Will the brethren rise and explain?

We received a bundle of specimen copies of the January *Medical News and Abstract* early in December, and the January number of the *American* came the first of January, and this may account for it.

The Spring Session.

The Spring session has 97 students in attendance, good sturdy men who desire to learn, because they expect to make the practice of medicine the work of their lives. In addition to those who are taking a three or four session course, we have a large number that could not arrange their business for a winter session, and who find a spring session a great convenience. Will any man tell me why these men should not be inconvenienced by having a spring session? Or why twenty weeks of solid instruction in the spring is not as good as twenty weeks in the fall and winter, with two weeks of holidays out? Is there any earthly reason why a man should be forced to attend lectures in the fall, or not at all?

This is said to be a free country, my fellow sinners, and when men endeavor to put on the shackles we will fight, and when we can't win we will move out of the country.

The Journal.

Look over the page of receipts and you will see that the "old reliable" is successful, as usual. We work vigorously for our readers, and they work for us; we keep up our good name, and our profession supports us in the doing of it. We have started in for a vigorous campaign, and will keep it up during the year. If there is anything to be learned in medicine we want to know it; anything to be discovered, we want to discover it. If you have any friends who have an investigating spirit, tell them to subscribe for the *Eclectic Medical Journal*.

The Prairie-Dog, the Rattlesnake, and the Owl.

The legislatures of the various States are now being lobbied by parties interested in the passage of bills enabling the organization of "Boards of Health" whose avowed object is to look after the public hygiene, and to regulate the practice of medicine. In some States there exists a disposition to encroach upon every practitioner of medicine who is not "regular," and every medical college that is not *orthodox*, but this spirit is not generally prevalent. To my surprise, our "Christian friends" of the Allopathic fraternity have manifested a liberal spirit towards all Eclectic and Homœopathic colleges and organizations that deserve recognition, and we, in my opinion, should not at this time exercise a factious and suspicious spirit in the way of opposing legislation which has for its aim a public advantage.

In view of honest protestations on the part of Allopathic lobbyists I think that all generous minded Eclectics and Homœopathists should exert their influences in favor of laws enabling the establishment of Boards

of Health which shall have in view, as one of its objects, the utter overthrow of diploma selling concerns which in an unrestrained state find silly buyers enough to sustain them in their nefarious practices.

If my professional brethren can not be persuaded that I am taking the right ground in this matter, they will certainly allow me the privilege of protesting against playing either prairie-dog, rattlesnake, or owl, in the "opposition" at present on foot to prevent well intended legislation against diploma selling, and the practice of medicine on the part of those persons who have bought diplomas with money alone, and have not earned them by thorough courses of study in reputable medical colleges.

H.

PLYMOUTH, Ill., Feb. 11, 1880.

Prof. A. J. HOWE—*Dear Sir:* Last month a sow in this vicinity gave birth to nine pigs, six of them being mule-footed (solidungulate). Three of the litter possessed the usual number of toes. All the pigs died. Please state in the *Journal* if mule-footed pigs are common.

Respectfully,

W. D. WADE.

In reply to above would say that I have heard of the mule-footed pig in Florida and Texas, and have been promised specimens by medical men in those states, but none have yet come to hand. I am waiting patiently, and shall receive specimens sometime. And when I do I will give an account of the dissection. I do not expect to find a foot organized like that of a horse or "mule," but a single hoof covering two coffin or terminal digital bones, and two pairs of phalangeal (pastern) bones between these and the consolidated metacarpal shaft.

In the horse's fore leg the cannon, or shank bone, articulates below with a single upper pastern, and this with the lower pastern, and then comes the ungual bone (coffin), with a single hoof.

In the solidungulate pig I shall expect no relation to the horse, except in an exceedingly remote ancestry. The Eocene horse, not larger than a fox, is *supposed* to have had five toes; the Miocene horse, as large as a small sheep is *known* to have had four toes on each foot; and the Pliocene horse had three toes, one coming to the ground, and two being raised, like the dew-claws of a cow. While the Post-pliocene, Quarternary, or modern horse, has one toe, and no vestige of others.

The pig, like sheep and kine, naturally has two full toes coming to the ground, and two false toes, raised an inch or two. However, the pig is not a cud-chewer, but a pachyderm, related to the tapir, the rhinoceros, and the elephant. It is no uncommon thing for a pig to be born with a proboscis—to be so far elephantine, or proboscidian. There is not much of the "mule" in a pig, except so far as a contrary disposition goes.

H.

Massachusetts Eclectic Medical Society.

The nineteenth semi-annual meeting of this Society was held at the Revere House, Boston, Jan. 14th, 1880.

Dr. G. W. Musso, of Boston, read an essay on "Uterine Therapeutics." Dr. William Wyman, of Townsend, read an essay, subject, "Hysteria."

Dr. William Bailey, of Boston, read an essay on the subject of "Abortion." The essays elicited a very general discussion by the members present.

Dr. James Atwood Tabor, of Lawrence, Mass., was examined by the Councillors, and admitted to the Society.

Dr. H. G. Barrows reported the action of the pyro-phosphate of iron as a tonic, and said that it did not constipate.

The next Annual Meeting of the Society will be held in Boston, June 3rd and 4th, 1880.

A. L. CHASE, M. D., *Secretary*.

BOOK NOTICES.

OUTLINES OF THE PRACTICE OF MEDICINE. With special reference to the Prognosis and Treatment of Disease. By SAMUEL FENWICK, M. D. Philadelphia, Lindsay & Blakiston; Cincinnati, Rob't Clarke & Co. Price \$2.00.

This is one of a series of small works on medicine published by this house, which have been favorably noticed by us. The object has been to present the essential things of medicine in compact form, that the "busy practitioner" might refresh his mind and get the latest ideas and improvements. I think myself that many times a small book is better than a large one—it is better to take the few grains of wheat without the bushels of chaff, and to seize the needle without looking for it in a hay-stack.

As I turn over the pages of this book I notice that it fairly echoes the practice advocated by our old-school neighbors—indeed, a little too fairly to suit some who are stealing Eclectic thunder. A few quotations will serve to show how our neighbors hold on to old things, and how thoroughly they believe in the *uncertainty* of medicine.

In the treatment of pneumonia in a vigorous subject our author says: "Here danger threatens from the violence of the fever, and *free venesection* will reduce the temperature, and reduce the frequency of the pulse. When collateral œdema in the portions of the lung unaffected by pneumonia is causing danger to life, the pressure of the blood is reduced by *bleeding*." "The third indication for bleeding arises upon the appearance of symptoms of pressure upon the brain." "When the expectoration is very hard and difficult, frequent doses of *tartar-emetica* will be found useful." "When the pulse is unusually rapid, you may use *digitalis* in moderate doses. Some prefer *aconite* or *veratrum* for this purpose, but the action of the latter should be carefully watched, as it sometimes produces great depression."

"REPORT OF THE AMERICAN PHARMACEUTICAL ASSOCIATION COMMITTEE ON THE REVISION OF THE U. S. PHARMACOPOEIA."

The United States Pharmacopœia has heretofore been published by a Pharmacopœal Convention which meets once in ten years. This committee does not meet often enough to keep up with the advance of pharmacy, and the consequence is that the Pharmacopœia for five years or so after revision is antiquated. At the meeting of the American Medical Asso-

ciation, held in Chicago, Dr. Squibb urged them to take the subject in charge; this they refused to do. Thus it is the American Pharmaceutical Association at its annual meeting, held in Toronto, Canada, September 1877, took the matter in hand, appointed a committee, and as a result of the work of this committee we have the book of 202 pages now before us, designed as a base for the next pharmacopœia. The text is written in the English language; titles of preparations in both English and Latin. The entire arrangement is alphabetical. The many changes recommended regarding weights, tables, chemical formula, etc., we can not consume space to notice, but we may say that the introduction of primary rational formula for chemicals as $\text{H C}_2 \text{H}_3 \text{O}_2$ (acetic acid) $\text{H}_2 \text{C}_4 \text{H}_4 \text{O}_6$ (tartaric acid) seems a good move; the empirical formula will be useless, and graphic unnecessary at this time. Under *Acetum* we notice lobelia and sanguinaria, both in extensive use by Eclectics, and the formulas are good, (these are also in the preceding pharmacopœia). Perhaps these may be called peculiarly Eclectic. *Acetum opii* we had supposed out of use by all schools. Among the acids and ethers we notice all in use by our school. The tests are most carefully given. We do not favor change in the terms applied to alcohol, let the name *alcohol* still refer to the ordinary spirit recognized by Government and of specific gravity 0.835. Let us have distilled Witch Hazel water among the waters described; and by all means *Sulphate of Berberin* or the salt of berberin, also the white alkaloid of *Hydrastis canadensis*, *hydrastia*. Among *Decoctions*, that of *Pomegranate bark* (root) would be of value to many. Elixirs we have no use for, but suppose "elegant pharmacy" requires them. Compound Tar Plaster would be a good addition to *Emplastra* list, as it is used in much larger amount than some that are mentioned.

Solid Extracts are well represented, perhaps sufficiently, as they are so often made from worthless material, and we know it is impossible to obtain reliable in a large number of cases.

Fluid Extracts are an important section, and the preliminary remarks very good. We notice the usual plan of employing dry drugs is adhered to, and it is likely another decade will pass before our pharmacists will see the necessity for using *fresh material* instead, a point now generally accepted by Eclectics. From the list of recommendations for this class we notice the omission of many of our most valuable indigenous remedies, and such as are used by Eclectic physicians in large amount. It will certainly be a source of regret to many pharmacists accustomed to filling Eclectic prescriptions.

Infusions are well represented, and to such druggists as fill the prescriptions of German physicians will be welcome.

The list of *Liquors* is very extensive. It is considered doubtful whether the admission of *Lithii Benzæ* is advisable; we know Eclectics use it considerably.

Under *Succi*, we learn that "the expressed juice of fresh plants is to be mixed with alcohol, allowed to stand for seven days, and then to be filtered." It seems strange to us that this list includes only two drugs, *neither* indigenous to our country. Our friends among pharmacists might learn a lesson from the Eclectic Specific Medication.

Among the Syrups we notice the familiar *Compound Syrup of Stillingia* of the early Eclectics, now among us falling into disrepute in the shadow of better and simpler preparations.

The Tinctures are very complete as regards number. We notice the omission, however, of some standard Eclectic remedies. The remarks under *Tinctura Thujæ* are very appropriate, and we suggest that the article under discussion is not an exception to a large class. "*Tinctura Recentis*" might be applied to advantage other than simply in name.

The Ointments are deficient in many commonly used by our people.

The Committee employed upon the work deserve credit for a labor which has required time and experience.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Vol. xxx. 1879. Published by the Association.

Through the kindness of the officers of the Association we have received the "Transactions of 1879," for which thanks. We always read it with interest, because it shows us what our neighbors are doing, and how they are thinking. It is always readable, because it has papers from some of the best men in the profession, and poor papers will hardly be presented to the convention, and if presented will hardly be printed.

A paper by Louis A. Sayre, M. D., on "The Superior Value of the Treatment of Spondilitis, or Potts' Disease, by Suspension and the Retention in the Improved Position by the Plaster-of-Paris Bandage," is alone worth the annual subscription. The prize Essay, "A Consideration of Certain Forms of Primary and Secondary Degeneration of the Lateral Columns of the Spinal Cord," by Allan McLane Hamilton, M. D., shows a very careful and thorough study of the subject.

VICK'S FLORAL GUIDE.—If any of our readers are fond of flowers (and every one should be), and wishes to learn how to raise them, let them inclose ten cents to James Vick, Rochester, New York, for his Floral Guide; and if one wishes flower seed, an order to that address will bring such as will give satisfaction. We speak from a ten years' experience.

Married :

On Thursday evening, Jan. 22, 1880, at the residence of the bride's parents, by Rev. H. W. Todd, DR. J. S. KNOWLES to Miss LOUELLA HIGINBOTHAM, both of Vandalia, Illinois.

At Hutchinson, Kansas, at the residence of the bride's parents, by Rev. Noah Ashur, CHARLES O. LEWIS, M. D., of Woodlandville, Mo., to Miss CLARA E. INGHAM.

At the M. E. Church, in Bethany, Ohio, Dec. 3d, 1879, by Rev. Mr. Whitney, F. M. BEALS, M. D., of Mattoon, Ills., and Miss EMMA VAN HORN, of Bethany.

Obituary.

Died, at Owensville (Boston), Clermont Co., Ohio, December 22d, 1879, Dr. B. BLYTHE, aged 63 years. Dr. Blythe had been a practitioner of Eclectic medicine for over thirty years, and sustained a reputation for integrity and honor very few have the zeal to acquire. It is said by old neighbors and friends of Dr. B. that he never had an enemy in the world.

H.

Died, at Idaho City, Idaho, January 12th, 1880, BAILEY SIMPSON, M. D.

FOR SALE—Premises suitable for a physician; good will of the entire community turned in favor of the purchaser; room suitable for a drug store. Situated on I. & St. L. R. R. The only physician in the place. Practice, four thousand a year. Price \$1 000.

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WANTED.—Subscribers to Prof. J. A. Jeancon's Anatomical Atlas, issued monthly, consists of forty-five parts, each part containing four large plates, with explanatory text. See November Journal, page 533. Price 75cts. per part. Parts I—II—III & IV, are now ready for delivery, and will be sent by mail, on receipt of price. Address

DR. T. C. HANNAH, 228 Court St. Cincinnati, Ohio.

Receipts for Journal to Feb. 21.

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These Fluid Medicines are supplied largely to Homœopathic Pharmacies; and have the unqualified endorsement of many prominent members of this branch of the Profession.

When ordered in less quantities than one pound, we add 20 cents per lb. in quarters; and 10 cents in half pound packages.

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	Per lb.
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Bearsfoot.....	<i>Polymnia Uvedalia</i> 2 00
Berberis Aquifol.....	3 00
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Black Root.....	<i>Leptandra Virg</i> 1 25
Blue Flag.....	<i>Iris Versicolor</i> 1 25
Bugle Sweet.....	<i>Lycopus Virginicus</i> 1 25
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Cactus Grandiflor.....	Green Plant..... 6 00
Cactus Grandiflor.....	Fresh Flowers, Imported..... 10 00
Celendine Garden.....	<i>Chelidonium Majus</i> 1 25
Cereus Bonplandi.....	Green Plant..... 6 00
Cohosh, Black.....	<i>Macrotys Ras</i> 1 35
Cotton Root Bark.....	<i>Gossypium</i> 2 00
Euphorbia Hypericifolia.....	Substitute for Ipecac..... 2 00
Evening Primrose.....	<i>Oenothera Biennis</i> 2 00
Fringe Tree Bark.....	<i>Chionanthus Virg</i> 2 00
Gelsemium.....	<i>Gelsemium Semp</i> 2 00
Grindelia Robusta.....	2 50
Grindelia Squarosa.....	2 00
Hellebore Amer.....	<i>Veratrum Vir</i> 1 50
Indian Turnip.....	<i>Arum Tryph</i> 1 25
Ladies' Slipper.....	<i>Cypripedium Pub</i> 1 50
Life Root.....	<i>Senecio Gracilis</i> 1 25

[Next page.]

Green Plant Fluid Extracts—Continued.

Lobelia, Herb.....	<i>Lobelia Inf.</i>	1 25
Peach Leaves	<i>Amygdalus Persica</i>	1 25
Penthorum Sedoides	<i>Virginia Stone Crop</i>	2 50
Pleurisy Root.....	<i>Asclepius Tub.</i>	1 25
Poison Oak	<i>Rhus Toxicodendron</i>	2 50
Poke Root	<i>Phytolacca Dec</i>	1 25
Ptelea.....	See Wafer Ash Bark.....	1 25
Scull Cap	<i>Scutellaria Lat</i>	1 50
Skunk Cabbage	<i>Symplocarpus</i>	1 00
Stillingia Root.....	<i>Stillingia Syl</i>	1 75
Stone Root.....	<i>Collinsonia Can</i>	1 25
Stramonium Leaves.....	<i>Datura Stram</i>	1 05
Turkey Corn	<i>Corydalis Formosa</i>	2 00
Unicorn Root, True.....	<i>Aletris Far</i>	2 00
Unicorn Root, False.....	<i>Helonias Dio</i>	2 00
Virginia Stone Crop	See Penthorum Sed.....	2 50
Wafer Ash Bark	Ptelea Trifol.....	1 25
Wahoo, Bark of Root	<i>Euonymus At</i>	1 50
Water Eryngo.....	<i>Eryngium Aquat</i>	1 75
Water Pepper.....	<i>Polygonum Punct</i>	75
Wickup Herb.....	<i>Epilobium Palustre</i>	1 75
Wild Indigo.....	<i>Baptisia Tinct</i>	1 05
Yerba Reuma.....	<i>Frankenia Grand</i>	2 70
Yerba Santa....	<i>Eriodictyon Glutinosa</i>	2 70

—A Green Label will hereafter distinguish these Fresh Plant Preparations from our other Fluid Extracts.

N. B.—In ordering any of the remedies embraced in this List, from other dealers, be careful to make it clearly understood that you want the Green Plant Preparations of Wm. S. Merrell & Co.

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 * * * * * As a local application in gonorrhea, it has given us such decided results that it now forms the basis of nearly every prescription for that too common disorder.
 For example:

Rx	Fluid Hydrastis,	-	-	-	-	-	℥i—ii
	Sulphate of Zinc,	-	-	-	-	-	grs. v—x.
	Water, ad.	-	-	-	-	-	℥iv.

M. Sig. Inject ℥i night and morning after urinating."

Dr. J. J. Lawrence, of St. Louis, in the March number of his journal, "*The Medical Brief*," says:

"The editor of this journal has largely prescribed the *Fluid Hydrastis*, prepared by Wm. S. Merrell & Co. of Cincinnati; and can commend it to the Profession as a very valuable preparation in hepatic dyspepsia and all affections of the mucous surfaces. It is deprived of the resinoid principle; and can be used where the ordinary preparations of Hydrastis would be wholly inadmissible."

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We respectfully and earnestly solicit a perusal of the letter which follows, for the reason that, it expresses the feelings of so many over the country relative to the necessity for *good medicines*, and shows that unfriendly attacks upon our firm, are understood by the profession. It is also a severe reflection upon such houses as it seems can not recommend their own goods, but by spreading, at the same time, misstatements and abuse regarding others, and which sooner or later returns to plague the inventors. This spirit is so manifest from a certain direction as to make us the more urgently ask that our friends address us by our full firm name of **Merrell, Thorp & Lloyd**, when writing us direct, or to our agents when ordering our medicines from them, and not as "Merrell & Co."

We take occasion again to say that, we offer but one form of competition, that of *pure, reliable medicines*, and all we ask is a fair trial of their strength and reliability. We enter into no detractions or controversies, but submit our medicines for the test and judgment. With such houses as deal only in abuse, thinking thus to injure their competitors and displace the objects of their competition, and so sell their own medicines, we offer no competition. This spirit is understood by most physicians as expressed in the following letter. We choose this letter out of the very many we are receiving because its language is clear and well expressed.

ELLIOTTSVILLE, IND, Feb. 3d, 1880.

MESSERS MERRELL, THORP & LLOYD,

Gentlemen; Your last bill of Tinctures and Specific Medicines are very good, I am of the opinion that your Specific Tinctures are better than the Mother Tinctures of the Homœopathic Pharmacies which I have tried. They are cheaper and according to my experience of better strength than others. I have received circulars from * * of Cincinnati, and from other houses in which I discover that a strong effort is made to injure your sales, but as long as such medicines come from your Pharmacy to the practitioner who loves to have a good, pure medicine, I think your house need not have any fears.

Yours Truly, ,

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TROMMER EXTRACT OF MALT CO.:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water 25.7. Total, 99.958.

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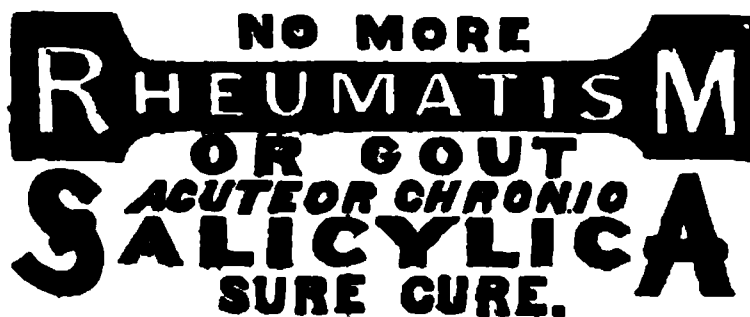
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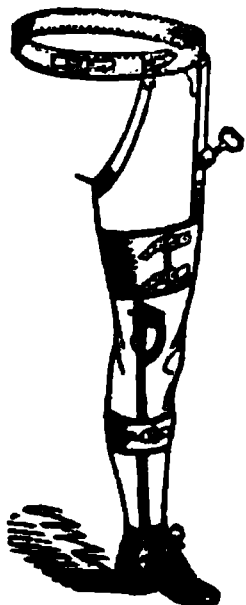
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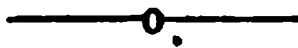
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T H E

ECLECTIC MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

Art. XXXIV.—Dropsy : Its Pathology and Treatment. From a work now preparing for the press by A. J. SMITH, M. D., Tell City, Ind.

Dropsy has been well defined by Dr. Watson to be “collections of serous liquid in one or more of the shut cavities of the body, or in the areolar tissue, or in both, independent of inflammation.” The main object which I have now in view is to give a clear and intelligible explanation of dropsical accumulation.

We know that the meshes of the areolar tissue, and the serous cavities in which dropsical accumulations occur are moistened during life and health by a continual secretion. Dropsy consists in an excess of this fluid, which excess must be a result either of excessive secretion or of defective absorption, or both combined. In fact, it is probable that while dropsical effusion is going on, the absorption of liquid from the dropsical parts is nearly, if not quite, suspended.

So far as is known the blood-vessels are alone concerned in the exhalation and absorption of this fluid. The lymphatic absorbents have no share in the phenomena of dropsy. The explanation of dropsy is to be found in the condition of the blood-vessels and their contents. In general terms, the proximate cause of dropsy may be, first, a mechanical impediment to the circulation of the blood, and a consequent over fullness of some part of the vascular system. Secondly, an alteration of the physical condition of blood—either an excess of the watery part, with a relative deficiency of the solids, or an accumulation of excrementitious materials, especially of the urinary constituents.

Let us now take some simple example illustrative of each of these conditions as a cause of dropsy. An impeded return of blood through the veins often causes dropsical swellings of the parts beyond the seat of obstruction. Thus the pressure of enlarged glands, or an aneurism on the femoral or popliteal vein, or the pressure of the gravid uterus on the

iliac veins will give rise to œdema of the lower extremities. Structural disease of the liver, especially an advanced stage of cirrhosis, may greatly impede the return of blood through the portal system of veins, and the result is an effusion of serum into the cavity of the peritoneum, constituting *ascites*.

In medical literature there is a case reported in which a man had dropsy of the head and neck while all other parts of the body were in a healthy condition. A post mortem examination showed complete obliteration of the superior vena cava.

An individual may persevere in the use of arsenic until œdema of the extremities will occur. This is the result of irritation of the arsenic upon the endocardium of the blood vessels, and not an influence upon the lymphatic system, as formerly supposed by authors.

The immediate cause of dropsical effusions in these cases is, over-distension of the veins and capillaries, and increased pressure on their walls. Experiment has shown that transmission of fluids through membranes is in direct proportion to the pressure employed. Again, absorption is checked by a retarded movement of the blood through vessels; fluid may be raised against gravity by directing a stream along a membranous canal which lies immersed in the stagnant fluid. The outer fluid enters the canal by *endosmosis*, and is carried away with a speed proportioned to the velocity of the current. An obstacle to the return of blood through the veins therefore checks absorption, and favors dropsical effusions by causing a retarded circulation, increased fullness of the veins and capillaries, and increased pressure on their walls.

It is thus chiefly that valvular disease of the heart and some forms of pulmonary disease, such as emphysema with bronchitis cause dropsy. I shall attempt to show that congestion of the kidneys and a consequent scanty secretion of urine are among the results of the cardiac and pulmonary disease which concur in causing dropsical effusions.

Watery Blood. We have next to speak of dropsy having its origin in an alteration of the physical condition of the blood; first, dropsy may result from an excess of water and a deficiency of the solid constituents of the blood. In cases of extreme anæmia, whether a result of hemorrhage or that condition of the system to which the term chlorosis is applied, we frequently find more or less dropsical swellings, especially of the lower extremities. In these cases the escape of serum from blood-vessels into the areolar tissue is accounted for partly by the thin and watery state of the blood; partly, perhaps, by an enfeebled condition of the heart. Palpitation and dyspnœa on exertion are common symptoms. It is probable also, that thin and watery blood is less readily transmitted through the capillaries than blood which has its normal consistence and composition. Anæmia, therefore, may tend to cause dropsical effusions through the influence of watery blood, weakness of heart and impeded capillary circulation. Lastly, dropsy may result from an accumulation of excrementitious materials, and especially of urine in the blood. A case of acute renal dropsy is a type of this class of dropsies.

A patient with eruption of scarlatina fully out, or with the skin desquamating after the disappearance of the rash, is exposed to cold, the

fever poison which was being eliminated by the skin, is thrown in upon the kidneys, these glands become congested and inflamed, the urine is scanty and high colored, becomes albuminous, and often bloody, and in the course of a few days there is general dropsy. Now, what is the cause of dropsy in such cases? The answer is: first, there is an accumulation of water in the blood in consequence of imperfect action of the skin and kidneys. Second, urea and other urinary constituents being retained in the blood occasion an imperfect circulation through the capillaries, and a consequent effusion of serum through the walls of those vessels. One of the most convincing proofs of impeded capillary circulation consequent on contamination of the blood with urine is to be found in the hypertrophy of the left ventricle of the heart, so commonly present in cases of chronic renal disease. An analogous obstruction results from an excess of carbonic acid in the blood, as proved by the experiments of an English author, whose name I have forgotten. Thirdly, there is probably another cause, viz.: a direct irritant action of the restrained urinary excreta upon the systemic capillaries; an irritant action tending to cause serous effusions, but short of that which would give rise to inflammatory exudations. Let us now consider some of the points of argument, and of difference between *cardiac* and renal dropsy; in other words, between dropsy depending on a mechanical impediment to the circulation, and that resulting from disease and defective action of the kidneys.

In both classes of cases there is an impeded flow of blood through the capillaries, and consequent escape of serous fluids from those vessels. In case of cardiac dropsy the impediment is in the heart, and it acts through the veins on the blood in the capillaries. In case of renal dropsy the impediment originates in the capillaries themselves, and is a result of contamination of blood with urine. The circulation of impure blood resulting from defective action of the skin and kidneys is commonly attended with a considerable degree of febrile reaction and excitement. This form of dropsy, therefore, is sometimes called acute, active, febrile, inflammatory.

"Cardiac dropsy is chronic and passive, and is unattended with febrile excitement. The blood in cardiac dropsy may have undergone little or no physical change. In cases of renal dropsy it always contains urinary excreta. The so-called inflammatory dropsy is not, however, a result of inflammation, except it be of the kidneys.

"The areolar tissue which is the seat of dropsical effusions is soft and pits on pressure. The serous fluid is easily movable under pressure. On the other hand, inflammatory effusion into the subcutaneous tissue is fibrinous, hard and unyielding under the pressure of the fingers. Even when the dropsy is of cardiac origin, we commonly find that there is a scanty secretion of urine consequent on the impeded circulation through the kidneys. The amount of urine secreted depends on the quantity of blood which circulates through the kidneys.

"Not unfrequently in advanced stages of cardiac disease the renal congestion resulting from obstructed circulation leads to albuminuria; and, on the other hand, disease of the endocardium and valves is a frequent result of renal degeneration and consequent blood contamination, so that

both the heart and the kidneys are implicated in a large proportion of cases of general dropsy; the effused fluid contains urea. In uncomplicated cardiac dropsy this is not the case.

"Cardiac dropsy usually begins in the feet and ankles. The capillary obstruction is greater in the most dependent parts, from which the blood has to ascend against gravity. The liquid, too, after it has been effused into the areolar tissue tends to gravitate downward."

Acute renal dropsy commonly appears simultaneously over the whole body. The blood in these cases is contaminated with urine. There is consequently a universal capillary impediment or congestion, and active transudation through the walls of the capillaries. Chronic renal dropsy, on the other hand, often begins in the feet and thence gradually extends upwards, like cardiac dropsy. In these chronic cases the proximate cause is mainly the impoverished condition of the blood. The blood contains an excess of water with deficiency of solids, especially albumen and coloring matter. We find that patients with chronic renal disease are liable to become dropsical in proportion to the abundance of the albumen and the scantiness of the water in the urine.

"In cases of chronic desquamative disease, a form of renal desquamation attended with a copious secretion of urine and comparatively little albumen, there is commonly no dropsy; on the other hand, dropsy is almost invariably present in those cases of Bright's disease with the large, wax-like and fat kidneys, which are associated with a scanty secretion of healthy albuminous urine."—*London Lancet*, page 221, 1864.

Cause of Dropsy.—The causes of dropsy are different in different cases, in one case the cause may lie in valvular disease of the heart, or in an aneurism; congestion of the kidneys is sometimes a cause; an arrest of perspiration, or any thing that will disturb the function of the skin, kidneys, heart, lungs, liver, veins, or the capillary system, is likely to develop dropsy in some part of the body.

Specific Symptoms and Treatment.—Where the pulse is accelerated and feeble with a dry skin and scanty urine, the Tinct. of Aconite gtt. x., Tinct. Apocynum gtt. xx. to water $\bar{3}$ iv., a teaspoonful every hour, should be given, and applications of dry cups over the region of the kidneys should be used. Where there is œdema of the extremities with a sluggish, irregular pulse, showing cardiac troubles, indicated by a feeble pulsation of the heart, palpitation, dyspnœa, laborious respiration, and a fullness of the superficial veins, the Tinct. of Digitalis gtt. xxv., Tinct. Apocynum gtt. xx., water $\bar{3}$ iv., teaspoonful every hour, should be given with Podophyllin gr. i., Cream Tartar $\bar{3}$ iii.; make twenty powders, and give one every two hours until the bowels move freely.

In cases where there is constipation of the bowels with general œdema in all parts of the body, Flaterium grs. j.; make eight pills, one to be given every six hours until free and copious watery stools are obtained. This should then be followed by the Tinct. of Iron in fifteen drop doses if the tongue has a red color, but if the tongue has a pallid appearance, the Sulphite of Soda should be given in ten grain doses. In congestion of the kidneys causing dropsy, denoted by a dark dusky appearance of the countenance, a sense of weight and oppression in the region of the

kidneys, and all heart symptoms being absent, the Tinct. of Belladonna gtt. xii., Tinct. Nux Vomica, gtt. vii., to water ℥iv, a teaspoonful every hour until such symptoms have subsided, which may require several days, but if persevered in will succeed without a doubt.

In dropsy resulting from an impoverished condition of the blood itself, indicated by an enfeeblement of the entire animal economy,—a loss of muscular power and nervous energy. When such symptoms make their appearance in connection with dropsy, the *very best* of food should be selected for the patient, and the Elixir of Iron, Wine and Beef, should be given in tablespoonful doses every two hours. You will almost always find disease of the heart accompanying this condition. For that condition in which dropsy and Bright's disease coexist, I shall refer you to the symptoms and treatment under that head.

In this section of the country (southern Indiana), you will find many cases of dropsy occurring in connection with malarial fevers, especially those that have had treatment, as for instance, cases in which arsenic has been given when there was a contra-indication for it. In such cases you will find *anemia* to exist, with an irritable condition of the intestinal canal. You will have to be governed in such cases entirely by the indications present. If there is atony of the stomach, Tinct. of Hydrastis should be given in connection with Nux Vomica.

If there is evidence of arsenic poisoning, indicated by green lines around the mouth, the Pyro-phosphate of Iron should be given. The oedema may be overcome by the use of stimulating diuretics, if there appears no congestion of the kidneys. Otherwise Elaterium should be given.

Art. XXXV.—*Nature as a Remedy.* By S. E. BARBER, M. D., Tiffin, Mo.

There may be found by consulting certain medical works, a vast list of ailments to which the flesh is heir. And by consulting a number of the authorities a great many diverse theories in reference to the etiology, pathology, and many other "ologies" of these same carnal troubles. As a rule, no two writers agree save in one particular, *i. e.* the patient is sick and it will require the potent assistance of drugs to restore him to his pristine vigor.

Now it is of this matter of treatment I wish to speak. It seems to vary with the times, has changes of fashion, as it were. Not a great many years ago no treatment was regarded as the correct thing unless it began with a brisk purgation, and all things considered, there was no agent so well adapted to all cases as the Hydrarg, Sub. Mur. gr. *ad. lib.* A few years later the patient was surely wronged if he did not receive Lobelia q. s. to thorough emesis. Coming down still farther, we find that by many these heroic proceedings are not thought absolutely necessary in every case, and they place their reliance in a few remedies of direct action and considerable water in each prescription. The practice has been more successful the further we descend the stream of time. A result of a better knowledge of physiology and a close conformity to natural laws.

But all the while, though the cry was "assist nature," the practice was,

and is yet, too often the principal obstacle in the good old dame's path. For years, "assist nature" has been the war-cry of Eclectics, and in some form this sentiment has been inscribed upon our banners. *Do we do it?* Are we content with assisting nature when we know what will assist? I fear that too often we attempt to perform feats of medical skill without knowing whether we assist or the contrary. Of one thing I am assured, we do not fully appreciate the powers of nature to overcome diseased action. When called to the relief of the suffering we are expected to relieve, and that at once, consequently we make the attempt too often blindly. I am aware that it requires considerable nerve for the doctor to say he does not know what is the matter, nor what will give relief. The people have been taught so long to look upon the doctor as the personification of wisdom that the admission of ignorance upon one point is damaging to his reputation for knowledge of all others. Every physician meets cases which he knows nothing about. What shall he do? Administer some remedy that will do no harm, if it does no good? Therein lies a fallacy. If a remedy has any power at all, it will do either good or harm. Is it safe to pursue such a course, when there is but one right way and so many wrong ones? "Treat on general principles!" Thousands have fallen victims to "general principles." Shall we give placebos and by so doing allow nature to effect the cure while we receive the honor and pocket a fee that has not been fairly and honestly earned? I do not believe in imaginary remedies unless the ailments are also imaginary. To my mind there is but one course to pursue. Own up like a man that you do not know, and advise the patient to trust in nature for relief. By such a course you will gain the confidence of all sensible people, and strengthen your own reputation more than will all the placebos and general principles that have existed since the time of Hippocrates.

Let me cite a case in point: Some time since I was attending a man who had pneumonia and cystitis. Under treatment he improved, and in a few days complained of nothing but severe pains in the abdomen. The pain was in spots, one near the umbilicus, several in the right hypochondrium, and others in other places. They were strange to me. I thought they were located in the peritoneum, but what would relieve them, I knew not. I told him I did not know what would cure him, and assured him that the best course was to let them alone and they would cease of their own accord. I told him further that opium would quiet them temporarily, but I did not think it would cure, and that for several reasons I preferred not to give him an opiate. I left him some opium to use if the pains should become unbearable, but advised him not to take it as long as he could avoid it. A few days afterward I heard from him; the pains were gone and he had not taken any opium either. This case is but one of many that I might cite, but every physician knows from his own experience how it is. I make it a point of honor in the practice of my profession to be honest and tell the truth, use every effort to keep posted, and I can not see that my reputation has suffered by so doing. There are other and weightier considerations in the practice of medicine than the gathering in of greenbacks, and I trust the time is not far distant when they will be brought from the background where they have been too long.

Art. XXXVI.—Pure Tinctures. By Prof. J. U. LLOYD, Cincinnati.

“NEW LONDON, CONN., Feb. 7, 1880.

“PROF. J. U. LLOYD —*Dear Sir:* I have read your article on ‘Green Tinctures’ in the *Eclectic Medical Journal* with interest. I have, for a long time, thought that a great advance in pharmaceutical elegance might be made by decolorizing all dark fluid extracts and tinctures by running them through animal charcoal, or bone black. I have prepared in this way several remedies and find that, although often clear, they possess all the characteristic actions of dark preparations. Why not do this on a large scale? Then our preparations, dispensed or prescribed in goblets in the sick room will leave nothing to be desired. Much of the popularity of the Homœopath consists in the elegance of his pharmacy and the inviting look of his ‘tumbler of water and a spoon.’ Why not conquer him with ‘carbo-animale’ in the way described?

“I have been trying for ten years to cull from Homœopathy whatever was good in it, and am glad to see that Dr. Scudder and his able coadjutors, while working in the same field, have solved the problem. What we all want now is an ‘Eclectic Repertory’ after the Homœopathic style, giving small but specific doses of colorless tinctures. Can your people not do this? Push on the reform.

“I send you herewith what seems to me to be valuable suggestions, though the same may have occurred to you before.

“I hope you will publish my communication with such comments as you deem proper. Very truly, H. S. CORNWELL, M. D.”

In reply to the foregoing I will say that the suggestion regarding the use of animal charcoal may, perhaps, be valuable in many cases. We can not adopt it as a general rule, however, for often the therapeutical principles of the plant are absorbed and separated from the filtrate as well as coloring matters. The use of animal charcoal is recommended in the U. S. Pharmacopœia in preparing such preparations as Sulphate of Quinia, Morphia, Strychnia, etc., where coloring matters are to be separated from proximate principles that are white when pure; its use is not admitted in preparing fluid extracts. It certainly is not desirable to *decolorize* a tincture of hydrastis, a plant that contains a *yellow* alkaloid of very great value, or of podophyllum, a drug which contains a resinous substance of a dark color, or of blood-root, and so on. We may, however, use judgment regarding these matters, and thus benefit the pharmaceutical preparations now in use. Upon the other hand, it is not, in my opinion, necessary for all liquid preparations of plants to be black, as we must admit so many of our fluid extracts are when made exactly according to the pharmacopœia. I am convinced that in a large number of cases these dark colors depend upon impurities, and are objectionable. Our pharmacopœias do not recognize *colorless* fluid extracts, therefore, if we, by any means, decolorize the fluid extracts, it will be a misnomer to call them by the name *fluid extracts*. Again, they will not be fluid extracts in the common sense of the word which suggests that the *extractive* matters of the drug are in the solution, however worthless these matters may be. And now I advance again the idea that this trouble regarding

the dirt in fluid extracts may be overcome by using drugs that *do not contain dirt*. If yourself or any other reader of this article will take the trouble to examine the fresh roots of such plants as grow convenient, it will be found that almost invariably they are nearly white internally, (a few exceptions. *hydrastis*, *sanguinaria*, etc.) They do not contain black extractive matters and therefore will not produce black pharmaceutical preparations. Dry these same roots and they turn dark brown and yield dark colored or black liquids. This black coloring matter results, I am led to believe, in the majority of cases, from decomposition of natural constituents of the root and formation of new (worthless) substances. This rule to an extent applies to barks, few *inner barks* being dark brown when fresh. We are all aware of the rapidity with which such barks as walnut, *chionanthus*, butternut, etc., turn brown and even black upon short exposure to the atmosphere, and some tinctures of the fresh barks change in color by age. Herbs also form black extractive matters when dried, and thus yield fluid extracts that are black when the fresh leaf is green, and produces when fresh a green tincture.

My experience is that the best manner to overcome the dirt and extractive coloring matter trouble, is to exercise care and obtain crude materials that are free from such imperfections, even if they are more expensive. It must be admitted even then they may be spoiled in manipulation. I am aware that certain drugs, *Ipecac*, *Jalap*, *Nux Vomica*, etc., cannot be obtained fresh; from such I find it easy to prepare liquid preparations nearly free from dirty constituents and still containing the active principles in full proportion. I hardly think it honest, however, to call them *fluid extracts*, for, as I look at the matter, they are *not* fluid extracts. In conclusion let me say that any aid I can extend as a result of my experience, will be cheerfully given to yourself or others in search of improvements. I am pleased to find physicians willing to reason upon these matters. A few years ago the cry was "give us black fluid extracts, they are strong." Now physicians realize that color and value are usually independent. That even distilled water may be blackened by the addition of a little burnt sugar. That the easiest extract to make is the black extract. I shall do all in my power, wherever I am placed, to advance the science of pharmacy, whether among druggists or physicians, and I thank you for your encouragement. Regarding that portion of your letter which refers to the doses, etc., I have nothing to remark.

Art. XXXVII.—Management of a Uterine Fibroid. By J. C. BUTCHER, M. D., Urbana, Ohio.

Mrs. N—, aged 42 years, mother of one child, now grown, began about ten years ago to complain of weak back, painful and scanty menstruation and other symptoms. About two years afterward her menses became very painful and free, lasting each time from two to three weeks, and losing, as she estimated, from one to two quarts of blood at each period. After taking medical advice several times, but without any permanent improvement, till February, 1878, when she presented herself to

me for treatment, with the following symptoms: Severe pains lasting during menstruation with largely increased flow, so much so, that to use her language, she "would nearly float away," and occasionally having hemorrhage between her regular periods. The patient was in good spirits, and better flesh than one would suppose, but somewhat anæmic, good appetite, digestion tolerable, and urine normal. I subjected her to a varied treatment, such as I thought indicated, till the following August, with some improvement in general, though hemorrhages still occurred.

Upon examination I discovered a hard tumor, smooth to the touch, occupying the centre and right side of the pelvis, and reaching some distance above the brim. It was about the size of a child's head, flattened on the upper part from side to side, the lower portion nearly filling the pelvis, and projecting in front of the neck of the uterus to within two inches of the vulva. Upon digital examination, with one hand over the abdomen, the tumor could be moved up and down and from side to side, but all movements were accompanied with pain. Exploration with the sound discovered the depth of the womb to be about four inches, the tumor being developed mostly in the right wall. Considerable hemorrhage coming on and the pain being excessive, I desisted from further examination at that time, but diagnosed it as a fibroid of the uterus. I gave peptic and restorative treatment, using ergot with various astringents to control hemorrhage, applying externally equal parts of tincture of iodine and ammonia as often as the patient could bear it. Following this course for some months she became improved in general health, menses more natural and with less pain, and occasionally entirely free from suffering at that period, and the tumor decreased perceptibly in size. In April, 1879, Dr. Howe saw the case, and coincided in my views as to the nature of the malady, but advised the injection of ergot into the body of the tumor as the most rational way of improving her condition. In May following, I injected two drachms of ergot, using a syringe with a needle-like nozzle about six inches in length, similar to that described in Howe's Surgery, page 780.

In using the injection the most pendant portion of the tumor was selected, just in front of the os uteri, pushing the needle to as near the center of the tumor as possible, and injecting the fluid as the needle was withdrawn. From that time till December the injection was used six times with varying success, the patient being able to ride home in a buggy, a distance of nine miles, in from three to five days after each operation, and at one time walking a distance of two squares a few minutes thereafter. The tumor was so hard that the needle would sometimes bend nearly at right angles, necessitating a withdrawal and reintroduction. The operation was always followed by severe lancinating pains, with expulsive efforts, simulating labor, once materially lessened by a hypodermic injection of one-fourth grain of morphia immediately before. At other times the pain would be so great that it required repeated injections of the morphia at intervals of three or four hours to subdue it, showing that the shock to the system was not always the same. The pulse generally rose to 110 or 120, followed in a few hours by a nervous chill lasting from one to two hours. These symptoms yielded kindly to the use of

veratrum and gelseminum every hour, with lavender, and small, but repeated doses of chloral for several days, till the pain died away.

During this treatment the tumor decreased in size about one half, the general health of the patient remaining good, but the hemorrhages increased, for which mangifera indica in doses of ten drops four or five times each day, commencing several days before and continuing during the menstrual period, did more good than all the other astringents that had been used. On December 5th I gave the last injection. Having an assistant make firm pressure over the top of the tumor the needle was inserted at a point about one inch in front of the neck of the womb, and pushed three inches into the substance of the tumor, and while being withdrawn very slowly, fully two drachms of ergot were forced in. In a few hours I became fully convinced of the stern realities of the injection method. Violent expulsive pains came on, the countenance became pinched and haggard, pulse ranged to 140 and fluttering, abdomen became exquisitely tender, the patient being unable to lie on either side, cold extremities with more or less vomiting, all indicating the approach of a high state of inflammation. This condition was followed in a few hours by an immensely distended abdomen, the surface over the tumor becoming of a dark-blue cast. Hemorrhage now came on, the pains still continuing, followed in a few days by a discharge so fetid that the attendants could hardly stay in the room. During six days of this time the patient did not swallow a mouthful of food. This condition of things lasted for ten days when the patient grew better and the alarming symptoms abated.

As no notes of the daily treatment were taken I will generalize by saying that pain was combatted by oft-repeated doses of morphia, hypodermically administered; inflammation yielded to veratrum and gelseminum; strength was sustained by feeding the patient on beef tea and stimulants, and applying to the abdomen turpentine and tincture of polygonum, covered with a poultice composed of stramonium leaves, lobelia and hops, well scalded, and using as a vaginal wash equal parts of salicylic acid and acetate potash dissolved in water. During this time the bowels became greatly distended with gas, and obstinately constipated. This condition was relieved by an enema of compound powder of jalap and senna with bi-tartrate of potash and elm to move the bowels, followed at intervals by injections of an emulsion of turpentine and assafoetida. In about three weeks the patient was able to move about the house, when her right limb, including the foot, became swollen, but which has now entirely disappeared. In four weeks from the operation the patient rode home in a buggy, and on January 27, 1880, when I last saw her, she had about regained her usual health, stating that she was all right. On examination could not detect any tumor by deep pressure over the pubic region, but by the speculum and sound found the uterus to be about the size of an orange, depth two and one half inches, including the neck. There was no pain of any consequence on introducing the sound and no hemorrhage. The neck of the uterus and surrounding parts looked healthy, and the patient stated that she had had no hemorrhage for eight weeks, the longest time she had passed since her first sickness. During the treatment of the tumor she was attacked at intervals with bearing down pains in

the bladder with great desire to urinate, which condition has now entirely disappeared.

This method of treating uterine fibroids is not difficult to execute, is efficient, and not attended with great danger, yet the shock to nervous women is profound and prolonged. Some women will not complain of any marked suffering, and will get up and walk in a few minutes after the device has been used. As there is no other rational plan for treating uterine fibroids, this will at length prove the legitimate method in all schools of medicine.

Art. XXXVIII.—“Martin's Bandage.” By Prof. A. J. Howe, M. D., Cincinnati.

One of the hobbies of the day is the use of a rubber bandage to treat crural ulcers. The recommendation appeared in the journals about two years ago, though Dr. Brown, then of Albion, Mich., had invented a perforated rubber bandage for the same purpose several years previously. And it occurs to me at this time that Dr. Brown came near discovering the use of the rubber bandage in driving blood out of a limb preparatory to amputation, *a la* Esmarch. If I could recommend the use of a rubber bandage, as a piece of mechanical therapeutics, in the treatment of crural ulcers, I should put on paint and fight for my old friend Acupuncture Brown, in any claim he might make for priority of discovery in the matter. But as I have tried the “Martin bandage” and found it worse than useless in some cases, I shall not ascribe its failings to any pretensions of Brown. In most instances the rubber bandage irritates the ulcer, and a very disagreeable smell comes from the sore and the accumulated perspiration. To illustrate: Not many weeks since I was called to a young woman who had been attended by an eminent surgeon of this city. The girl had been troubled with eczema of the right ankle, and the eruption had degenerated into several small ulcers, with induration of a patch of skin as large as the open hand. The surgeon had been applying the Martin bandage for a fortnight, yet the limb grew worse all the time, and the odor caused by the dressing was intolerable. Upon being called I ordered three yards of good flannel to be bought, washed, and ironed. On the evening of the following day I made the patient a visit, and tore the flannel cloth into strips three inches wide, and had three pieces sewed together to make one bandage, and the goods made three such bandages. One was rolled into a firm roller, and then applied to the foot and limb, the pressure being greatest about the instep and ankle, or below the sore. Mild ointment is to be thinly spread over the ulcerated surfaces, and the bandage then is carried about the limb to a point above the calf. Whatever of surplus bandage remains is to be used up in turns downward. A fresh bandage is to be employed each day. The ulcer being fed by dilated veins and capillaries will heal very fast under the influence of the compression. No internal medicines need be administered unless a bodily ailment exist.

The elasticity of the flannel bandage keeps up equable pressure; and the fabric permits of evaporation. No foul odors are observed after the second day's treatment. If the limb be eczematous the eruption and

ulceration should be dressed with the Juniper pomade mentioned in my Surgery.

Old flannel with many joinings will not do. After three washings the three inch width will shrink to two inches and a half, the proper width of a leg bandage.

Art. XXXIX.—Specific Medication. By J. T. BATES, M. D., St. Louis, Mo.

There seems to be a tendency for a few or, perhaps, many gentlemen of high standing in our profession, who labor to project high influence and liberal principles, and yet are perpetually trying to disturb individual doctrines by personal attacks upon those who have taught something different from old landmarkism. As physicians, we profess to believe in and advocate a wide latitude in theory and practice. While discussion gives new aspects to old things, personalities and ridicule do no good to science and do not lend conviction but disgust with all candid knowledge-seekers. Of late we have read many insinuating personalities, and in some instances names have been used, which fact has not reflected credit upon the writers. That "specific medication" is the *sine qua non* of Eclecticism, has never been claimed. That "specific medication" has created much discussion and thereby brought out great truth, can not be denied by its most candid opponents. The doctrine of specifics has not aimed at specifics for disease; but on the contrary it has everywhere been written no specific for disease. The true aim of specific medication, has been to establish the specific physiological action of drugs, and in the grandest accomplishments of the ablest advocate, infallibility never has been pretended. Then specific medication has been an aim rather than a perfected and settled general rule. In this aim much has been discovered. The man who says that Ergot has no defined action is simply not up to the period of the age in knowledge. That we know every possible property of this agent is not pretended; but that Ergot contracts the calibre of arterioles is beyond question. The experimenters in physiological medicine are by no means scarce, and their positive results have given a new light to the use and indication of drugs. The study of *Antagonism in Medicine* by Bartholow; Wood, Frazier, Leibrich, Brown, Fothergill, Ringer, Bennett and others, has drawn us more and more toward the specific influence of drug action over the human body. Definite action of drugs under favorable conditions has been the leading feature of progress of many able and thinking minds. Then, with a premise before us we can not candidly cast a barrier in the way of progress, and we can not see how candid minded workers can find time to search for somebody to father the doctrine of specific medication. Were it for the purpose of searching for the rightful heir upon whom to bestow an inheritance of wonderful magnitude, or to find the true father over whose ashes to shed an imaginary tear, we might readily conclude that their motives were honest; but when all these insinuations have culminated to condemn our own friend and co-worker, of literary theft, for simply giving form, new aspect, and practical bearings to drug action, our indignation has taken life, and our disgust for such controversy, the object of which can only be destruction through jealousy, is uppermost.

The opponents of specific medicine, by their lack of candor, have not carried conviction in their attempted arguments. The negative results which they have attained in trying to find the first advocate of specific drug-influence, show one of two things: that they are not familiar with medical literature, or that Scudder is not a plagiarist. Their efforts have been untiring and their accomplishments unproductive.

Art. XL.—*Cutaneous Absorption.* By J. A. MUNK, M. D., Chillicothe, Mo.

Physiologists are generally agreed that the skin possesses some power of absorption; but not to the extent that a class of specialists try to make it appear. Absorption is not its special function, but occurs more accidental than otherwise. The principal function of the skin is sensation. It is an organ specially adapted to that purpose. All over its surface it is thickly studded with sensation papillæ which receive and carry to the brain the impressions made by the touch. Its design is to protect man from the injurious influences that operate upon him from without. The other important function of the skin is excretion. For this purpose it is furnished with a glandular apparatus, that in a normal state, is constantly engaged in eliminating from the system effete and waste matter. This is a vital process and requires constant activity. It may not always be in a servicable form, but is, nevertheless, continuous. At times it is profuse perspiration pouring out at every pore. Through this channel, together with the other emunctories, the detritus of the body is carried off, and the circulatory fluids maintained pure and unobstructed. The physiological action of this function is wholly detergent and can not supply any substance to the system by imbibition. Its entire apparatus is adapted to eliminating purposes, which is contrary to absorption. Flint remarks, concerning cutaneous absorption by this process, that, "looking at the subject from a purely physiological point of view, absorption from the skin under ordinary conditions, must be very slight, if, indeed, it takes place at all. Experiments on this point are not sufficiently definite to warrant any positive conclusions; but it is evident that, if any articles enter in this way, the quantity must be excessively minute."

The only known method by which it is ever possible for absorption to take place is through the mechanical process of endosmosis, and then only to a limited extent, because of unfavorable circumstances that accompany it. Endosmosis requires certain favorable conditions of moisture, temperature, porosity, density, pressure, etc., for its successful accomplishment, and these can not all be secured to operate favorably upon man in his active being. It is altogether too unreliable to depend upon for therapeutic purposes. However much we might desire to see this action practically demonstrated for convenience in particular cases when other means fail, yet simply wishing so does not alter the fact, nor should we allow our zeal to mislead us and involve us in error.

While, as seen in the foregoing remarks, it is extremely doubtful that absorption can take place from the skin by any method under ordinary conditions, it is not difficult to understand how medication of a certain

kind when, applied to the skin, may be beneficial. When the skin is harsh and dry and inactive from that cause, a bath or inunction will remove it. Baths are often serviceable and valuable adjuncts to medical treatment, but should not be relied upon to the exclusion of other means. They are calculated to soften the skin, lower the temperature, and cleanse the surface from impurities that might obstruct the pores; but that they prove curative by any principle of absorption is purely an assumption.

The cuticle is nature's armor to shield man from noxious substances with which he might come in contact. It is so thin and delicate that it does not interfere with sensation, yet so well knit that no substance can penetrate it without being first ruptured by violence. Men do not fear the serpent's poison unless it is carried by the fang and deposited in the blood. Neither do they apprehend danger from zymotic poison while working on a cadaver if the skin of the hands is sound, but let there be a wound or slight break in the skin where the poison can find entrance to the blood, and its deadly nature is soon made manifest. Likewise vaccine virus is powerless if merely placed upon the unbroken skin, but if dropped into an abrasion it "takes" and duly runs its course. This fact is utilized in medicine, and instruments have been invented to inject medicines hypodermically, which in many cases proves to be a valuable and practical mode of medication.

Not every effect that is produced upon the human system is so easily explained. Physicians are often deceived with regard to the action of drugs; comparatively few realize this fact, or if they do, are not willing to acknowledge it. Before ascribing an effect to any remedy or procedure it must be subject to frequent trials and produce uniform results. Anything short of such a verification is empiricism, and does not deserve to be called science. Here is a broad field for investigation, and but few physicians are successful workers in it.

This reference to the function of the skin is made in view of the interest that has lately been awakened on this subject by the patent pad business. What is the object of the men who deal in such wares? It can not be the advancement of science, for they have no demonstrated truth to add to its store of knowledge. Divested of all pretensions their real object is only the sharper's trick to humbug the people and secure to themselves pecuniary gain. It is well known that active absorption does take place in the alimentary canal, which has thus far answered the purposes of medicine very well, and no sensible physician will go fooling around trying to rub medicine through the skin, much less depend upon a pad or poke of inert material to produce a medicinal effect; but, acting the part of wisdom, he will put his medicine where it will do the most good.

Art. XLI—A Peculiar Sore Mouth—Erysipelatous. By S. E. BARBER, M. D., Tiffin, Mo.

Prof. J. M. SCUDDER—*Dear Sir:* I have just treated a case which presented to me some peculiar features. We are having an endemic sore mouth, begins on gums. with a redness almost purple, ulcerates with grayish coating, bleeds very easily, and extends to the mucous membranes

of the mouth first as a white vesicle and spreads, teeth become discolored, breath fetid, cadaverous, no constitutional disturbance ordinarily. The affection has been generally slight, a lotion of Tinct. Ferri, Potas. Chlor. and water effecting a cure. In the case above alluded to the patient, a little girl four and a half years old, had fever of an ordinary remittent type, with marked coma and feeble pulse. Her mouth was also sore, as above described. Under the influence of Aconite and Belladonna the fever gave way to some extent, but took on a low continued form. I added to treatment feeding regularly on milk, which the little patient relished very much. The oral difficulty was treated with the lotion spoken of above, but did not improve. After a day or two, I thought Baptisia was indicated and prescribed an infusion of the bark of root locally and internally; previous to this time there had been but little swelling, enough however, to prevent her from opening her mouth, but in about twelve hours after beginning with the Baptisia, the face began to swell largely. The fact was reported to me and I sent Tinct. Ferri to be applied to ulcers, but no improvement. Swelling increased and mucous membranes were blanched, and skin of face, where swollen, presented a glistening white appearance. Changed to Sulphite of Soda, both locally and internally; continued two days with no improvement. Face swollen till eyes were closed. Gave Carbolic acid as local application, but it did not appear to do anything save remove some fetor. There was slight fever all the time, that I regarded as the result of the ulcerative process. There was but little pain. Patient kept growing worse, cheeks became gangrenous, and she died. Duration of sickness fifteen days.

I ascertained that during the summer she would frequently lie down and sleep, and on awaking her lips and face would be swollen, but the swelling would soon subside. I saw her on one of these occasions and her upper lip and the left side of the face was swollen to four or five times its natural size. The disease was *cancrum oris*, according to the nosology, and what I wish to ask of you, after this long preface, is:

1. Was there some condition of the system that gave the disease its malignancy?
2. Was the swelling of the face and lips any indication of a wrong of the system? if so, what? and did it exert a probable influence in the disease?
3. Might it be a relation of diphtheria? We have had five cases of diphtheria in the neighborhood, all among children going to one school, but the above patient did not attend the school.
4. Was it bad treatment that produced the fatal termination?

Your case was evidently erysipelatous, and Tinct. of Muriate of Iron with Quinia inunction the best treatment.

The best indication for Baptisia is the purplish face, looking very much like a person had been exposed to severe cold, a tongue full and of same color. Every one is inclined to "wobble" a little in such cases, though if they would think, they would know it was better to follow Crockett's maxim, "be sure you're right, then go ahead."

Art. XLII.—A Letter and a Reply.

BOSTON, MASS., March 4, 1880.

DR. HOWE,—*Dear Sir:* Please accept from me a copy of a "Proposed Act to Regulate the Practice of Medicine" in Massachusetts, and also a circular concerning the proposed Registration which has been mailed to every member of the Massachusetts Eclectic Medical Society. You will see that the Board is to consist of five members from the Massachusetts Medical Society, two from the Homœopathic Medical Society, one from the Massachusetts Eclectic Medical Society, and one dentist.

In the above societies there are 1400 Allopaths, 150 Homœopaths, and 80 Eclectics, therefore we regard the representation as fair and honorable.

There are in Boston 80 practitioners who claim to be eclectics, but who are practising under illicit diplomas, and all so discreditable in their professional ways that they can not join our local or State associations.

Please reply to the above, and give your opinion of the proposed legislation, and of the ratio of the Board.

Yours truly,

MILBREY GREEN, M. D.

THE REPLY.

CINCINNATI, O., March 6, 1880.

DR. GREEN—*Dear Sir:* It affords me great pleasure to receive yours of the 4th inst. Your proposed law seems to mean well for all branches of our profession. We need a Registration law in all the States of the Union; and if Homœopaths and Eclectics have a voice in the Board they should not oppose the enactment of such laws. It is simply puerile to demand majorities in such boards. We should be content with justice and fair dealing. Our allopathic friends propose to recognize our decent institutions and to deal justly with us; and we stand in our own light if we are not as liberal and honorable as they. And we should lend our influence in a well organized attempt to drive out gangs of illicit diploma sellers who damage us worse than they do our allopathic organizations. It is easy to write "glittering generalities" about human rights and free government, but rhetorical flourishes should not be allowed to fan into flames the slumbering embers of a dogmatic past. We are wont to boast of our liberality, therefore let us show that we can be as generous as our allopathic friends. Shall we be benefitted by distrusting their solemnly announced intentions? It will be time enough to say *traitor* when their word has been violated; and I am confident that no enlightened legislature of the day would tolerate injustice toward reputable schools of medicine.

The Massachusetts law, if enacted, would not be objectionable to eclectics if re-enacted in Ohio, and other States of the Union. And I hope that our brethren will everywhere in the various commonwealths, lend a helping hand in this matter. Let them send for copies of the Massachusetts bill, and copy the good which is in it.

President Green: Hoping the proposed bill will become a law in my native state,

I subscribe myself yours,

A. J. HOWE.

Art. XLIII.—Characteristic Indications for Remedies. By

A. H. EHRMANN, M. D., Cincinnati, O.

(The remedies named are prescribed in the first to the third attenuation or dilution; ten drops or grains being added to a half glass of water, the dose being a teaspoonful.)

Cina. Worm complaints of children, picking the nose, ravenous hunger, wants to eat at night; diarrhoea, with colicky pains in the abdomen; abdomen hard and distended; extreme ill-humor; gritting the teeth during sleep, and great restlessness; epilepsy at night; weakness of sight, objects appear indistinct.

Cocculus. Burning in the œsophagus, with taste of sulphur in the mouth; nausea in the morning with inclination to vomit, and feeling of heat; yellow coated tongue, with aversion to food; eructations and nausea, worse when riding in a carriage; paralysis, one sided with numbness, disposition to tremble; hysterical spasms, with anguish, sighing and moaning; scanty and irregular menses, with leucorrhœa; dysmenorrhœa followed by hemorrhoids.

Coffea. Over sensitiveness, can not be composed, the pains seem insupportable, driving to despair; intense pain in the head, sleeplessness; labor pains very severe, weeps and laments, but the pains are not efficacious; complaints arising from excessive joy or too much excitement; hearing and smell more acute, toothache relieved by cold water.

Colchicum. Bad effect of night-watching, also bad effects of hard study; rheumatism; urine very dark and scanty, discharged in drops; watery stools, dysentery stools like transparent mucus, or of bloody mucus; pain in the rectum after stool, lasts a long while; œdematous swelling and anasarca.

Collinsonia. Hemorrhoids with a sensation in the lower part of the rectum and anus as though sticks or gravel had lodged there, symptoms worse in the evening lasting into the night; blind or bleeding hemorrhoids; constipation or diarrhoea; weight or pressure in the rectum, with intense irritation or itching.

Colocynthis. Violent pain in the abdomen, causing the patient to bend double; diarrhoea, worse after eating or drinking, stools frothy, smelling acid or putrid; dysentery, discharges of mucus and blood with tenesmus; morbus coxalgia; when there is a sensation as of being encircled with an iron band; urine viscid; general shortening of the tendons.

Conium maculatum. Vertigo when lying down and when moving the head ever so slightly; apoplexy with paralysis, especially in old people; the flow of urine intermits; paralysis of the optic nerve, dimsightedness; glands swollen and indurated; affections of the mammae; weakness of the sexual powers, insufficient erection, loss of prostatic fluid while at stool.

Corrallium Rubrum. Spasmodic cough, especially whooping-cough, when the attacks come on very rapidly and follow each other closely; chancre, looking very red on the glans penis; profuse perspiration of the genital organs.

Crocotum. Uterine hemorrhage consisting of dark blood; very offensive lochial discharge, producing excoriations; menses too frequent and too profuse, during menstruation hardness of hearing; leucorrhœa, mild or corrosive, with great debility particularly of the lower extremities; very

painful dentition; diarrhœa when the stools are dark brown, watery and very offensive, cadaverous odor.

Crocus Sativus. Epistaxis where the blood is dark colored and stringy, same appearance of the blood in uterine hemorrhages; sensation of something living and moving in the abdomen; chorea with alternations of excessive tenderness and rage; dysmenorrhœa with dark and stringy blood.

Croton Tiglium. Œdematous swelling of the eyelids, itching of the eyelids; erysipelas with intense itching of the skin; diarrhœa of infants immediately after nursing, with colic, stools watery, escaping all in a gush; inflamed breasts and sore nipples with pain extending from the nipple through to the shoulder blade when moving; redness of the skin with rash-like vesicles.

Cuprum Aceticum. Spasmodic affections, whooping-cough with spasms, long continued paroxysms of suffocation, cough, much rattling of mucus; epilepsy; violent diarrhœa with cramp in the stomach and chest, much flatus with the stool, nausea and vomiting of frothy mucus, sometimes green, metallic taste; pulse small, soft, almost imperceptible; scarlet fever when the rash suddenly disappears, followed by stupor and delirium or convulsions.

Digitalis Purpurea. Very slow pulse; harsh appearance of the face; stools gray or ash color; urine scanty; pulsations of the heart intermit, fainting; ascites; hydrocele; hydrothorax; jaundice with light colored stools, scanty brown urine, great debility; vertigo with trembling; dimness of vision, dark bodies like flies hover before the eyes.

Drosera. Whooping-cough worse at night, cough with vomiting of food or mucus, whooping-cough hemorrhage from the mouth and nose; sensation of roughness and dryness in the larynx and trachea; laryngeal phthisis; offensive smelling breath when coughing.

Dulcamara. Ailments brought on by exposure to damp cold weather; frequent eructations while eating; diarrhœa, stools yellowish, greenish, whitish, mucus or bloody with colicky pains around the umbilicus; crusta lactea forming thick brown crusts on the face, forehead, temples and chin, with reddish borders, bleeding easily; paralysis of the tongue; paralysis of different single parts; painful micturition, urine turbid and fetid.

Eupatorium Perfoliatum. Intermittent fever, paroxysm generally commences in the morning, thirst a long time before the chill, after the chill vomiting of bile, pain in the bones, as if broken, before the chill. The fever goes off by perspiration and sleep. During the apyrexia loose cough.

Euphrasia. Smarting in the eyes as from sand; lachrymation burning and smarting particularly in the wind; photophobia; profuse fluent coryza with smarting, lachrymation and sneezing; lameness and stiffness of the tongue and cheeks with impeded speech; stuttering.

Ferrum. Patient very weak and much debilitated; face sallow with red spots on the cheeks, pale, dry lips, cannot eat or drink anything hot, longing for acids; vomiting of food tasting sour; diarrhœa, passes undigested food; involuntary painless diarrhœa; asthma, worse when lying or sitting still, relieved by walking; great emaciation; chilliness and want of vital heat.

gelsemium. Bad effects from fright and fear, fright causes diarrhoea, vertigo with loss of sight, chilliness, accelerated pulse, double vision; great heaviness of the eyelids; paralysis of the eyelids and other parts; pupils dilated; dull expression of countenance, difficult articulation and deglutition; neuralgia, sharp, shooting pains through the face, eyes and head; distressing labor pains; rigidity of the os uteri; puerperal convulsions; scarlet fever with great nervous excitement, tonsils swollen and very red, pulse rapid.

Glonoine. Congestion of blood to the brain, the face is congested and of a dark dusky hue; noticeable pulsation of the carotid and temporal arteries; unconsciousness with sighing; bad effects from exposure to the rays of the sun; sun stroke; throbbing headache, pressure relieves.

Graphites. Melancholy, inclined to grief with anxiety about the future; noise in the ears with dullness of hearing; eruptions exuding a thin, sticky, glutinous fluid; tetter scurfy or humid; menses too late, scanty or suppressed; watery leucorrhoea, profuse, with pain in the small of the back; constipation, stools very large and hard with hemorrhoids; prolapsus of the rectum, cancer of the breast; varicose veins with great itching; suitable for females with a tendency to unhealthy corpulency or menstrual troubles.

Helleborus Niger. Dropsical affections with scanty secretion of urine; urine very dark with deposit resembling coffee-grounds; painful burning in the stomach extending to the oesophagus; oedematous pale swelling of the face; ascites; hydrothorax; brain diseases of children, stupor, rubbing of the nose, strabismus, dilated pupils, wrinkled forehead, screaming spells, involuntary motion of one arm or one leg; pulse small, slow, almost imperceptible; cold, clammy perspiration at times.

Humamelis. Hemorrhoids bleeding profusely with sensation of soreness, weight and burning in the rectum; varices protrude and the anus feels sore and raw; stools covered with mucus; the back feels like breaking, restlessness at night; dryness of the mouth; varicose veins, hard, knotty, swollen and painful; uterine hemorrhage, when the flow is steady and slow, the blood is dark colored and there are no uterine pains; phlegmasia dolens.

Helonius. Dysmenorrhoea occurring in delicate women or who are chlorotic; sharp, cutting and drawing pains passing from the back through the uterus; swelling and soreness of the mammae; painful soreness over the ovaries; profuse menstrual flow causing great debility; complexion pale, sallow, earthy looking; menstrual blood dark and bad smelling, increased by exertion; leucorrhoea with pain in the back.

Hepar Sulph. Gastric derangements with nausea in the morning and flow of saliva; constipation with unhealthy state of the skin; slight injuries suppurate; tendency to the formation of abscesses; burning, throbbing pain, chilliness; croup accompanied by a rattling, choking cough becoming worse after midnight; rattling respiration; great sensitiveness to the slightest touch, also to the least draft of air; better from wrapping the head up warmly; inflammation, swelling and suppuration of the glands; caries.

Hylrastis C. Sensation of sinking at the epigastrium with palpitation of the heart; loss of appetite and fainting paroxysms; yellowish leucorrhœa of a very tenacious character, sometimes offensive; malignant and cancerous forms of ulceration; cancer of the breast; constipation with gastric disturbance, flatulence; small-pox when the pustules are dark colored and there is great prostration, the face is very red and facial œdema quite marked; throat very sore.

Hyoscyamus Niger. Spasmodic affections; epilepsy, attacks ending in a deep, heavy sleep; affections of the mind, delirium, the patient wants to jump out of bed, or take off the clothes and go naked; madness; imbecility; pupils dilated, blindness, amaurosis, diplopia; chorea; spasmodic jerking of the fingers, hands, arms and facial muscles; menstrual irregularities with loud and boisterous laughing; jerking and twitching of the muscles; typhoid fever, delirium, indistinct muttering and jerking of the bed-clothes, involuntary discharge of feces and urine.

Ignatia. Empty feeling at the pit of the stomach, with sighing and depression of spirits; bad effects of grief; hysterical spasms, especially if accompanied with sighing; opisthotonos; throbbing in the abdomen; prolapsus of the rectum; fissure of the anus; swelling and induration of the spleen.

Iodine. Indurated and swollen glands; goitre; chronic diarrhœa with good appetite and emaciation, great prostration of strength; strong pulsation of all the arteries after muscular effort; membranous croup with wheezing and sawing respiration, voice sounds hoarse; affections of the larynx with loss of voice or hoarseness; palpitation of the heart excited by the least muscular exertion; atrophy of the mammary glands; dry cough with stitches and burning in the chest, also cough with expectoration of mucus which is frequently bloody; debility; trembling.

Art. XLIV.—Mind and Matter. By J. S. MARTIN, M. D., Mount Washington, Ohio.

"The mind is a secretion of the brain, as the bile is a secretion of the liver."—*Prof. A. J. Howe.*

This is a strange position for a philosopher like Prof. Howe to assume. It seems to me that a little reflection would convince the most obtuse mind of its fallacy. Man is undoubtedly a dual being. He possesses a physical organism, which is adapted to the discharge of physical functions, by which animal life is sustained; but is man nothing but an animal? If man is nothing but an animal and the enjoyment of animal life the sum and substance of his existence, he is a failure, for man, especially civilized man, does not enjoy life to the full extent it is capable of yielding; In fact, physical existence, with many, is a source of misery, and were it all of life, thousands of the most intellectual of our race would throw it off, as a thing not worth the having. But there is an intuition in every breast, that points onward and upward to a higher and nobler state of existence than the mere animal.

The bile is an animal substance composed of animal matter. Is the mind an animal substance, composed of animal matter?

Did the Professor ever analyze the mind? Can he tell us, of what it is composed? Is it a compound or a simple substance? Can he tell us whether it is acid or alkaline? What is its specific gravity? What is its consistency? Is it a fluid, semi-fluid, or solid? What is its color? Is it soluble in water, alcohol, or ether, or any of the acids, and if so, to what extent? The Professor can answer any or all of these questions, if asked in reference to the secretions of the other organs of the system. He can tell us the consistency, the specific gravity, the color, and the reactions of the bile, saliva, pancreatic fluid, and the secretion of the kidneys, etc; and if the mind, like them, is of physical origin, and composed of matter, he should be able to answer such questions when asked in reference to it. But he attempts to escape these difficult inquiries by representing the mind as being very attenuated, invisible, imponderable. He says, "The brain is an organ, as is the liver; the one elaborates or evolves mind, the other bile. The products are quite different, yet they are both the result of chemico-vital action; the bile is a liquid as dense as treacle, while the nervous fluid is as subtle as electricity, but it is no less real." But this does not help the matter. He can tell us what electricity is; he says he can make it, or evolve it; he can tell us what oxygen gas is, he can decompose it, and make it. In short, he can analyze many, if not all, of the subtle forces or elements of nature. Man, or the mind of man, has the power to control all of them; but can the mind be controlled, can it be handled, or can it be analyzed? Reason is the only force that can control the mind, and the only power that can effect it; and reason is not an element of nature, it is an attribute of the mind. He likens the brain to a galvanic battery, and the mind to the electricity, which, he says, it evolves, or creates. This is, I think, a false position. The battery does not create the electricity. Electricity is not an attribute of matter, but an element in nature. The presence of matter is not necessary to the existence of electricity. It is a principle, or element of nature, independent of matter, but we can only recognize its presence through the medium of matter. It exists through all nature, in vacuum, as well as air. It pervades solids, fluids, and gases, but when in a state of equilibrium, it makes no sensible impression, and we do not recognize its presence; but when its equilibrium is disturbed, no difference whether it is by natural causes, as in a thunder storm, or by artificial means, as with a galvanic battery, we at once recognize it. There was just as much electricity in nature before Franklin or Galvani was born, as there is now, and there is as much now as there ever was. The battery has neither increased nor diminished its quantity. The battery, therefore, neither creates nor destroys it. It is simply a machine invented by man, to utilize a principle which has existed through all time. Although man was ignorant of it, God breathed it into the world, as He breathed the breath of life into man. Man did not, can not create it, neither can he destroy it. I am aware that with the professional class of thinkers, scriptural quotations have no weight, so I will not use them, but the position is as contrary to reason, as it is to revelation.

The student of nature soon comes to the conclusion that the material world is the result or outgrowth of the immaterial; or that matter is the

result of the invisible elements or forces of nature. But in our zeal to discover and understand the operations of nature and nature's laws, we sometimes overlook the supernatural (if there is any supernatural). We call anything supernatural that we do not understand. Scientific men regard the supernatural as a delusion, and accept nothing they can not explain, or demonstrate; but there are things in nature, which science never has, and perhaps never will explain. We see a large oak tree: we ask the man of science what it came from, or how it originated. He takes from his pocket an acorn, and says that that mighty tree sprung from this little acorn, and then goes on to explain how it came about: How the warmth and the moisture of the earth caused it to germinate, and that from a tender little thing, so fragile that a breath of air would almost have destroyed it, it grew little by little, year after year, until it attained such size and strength that it could bid defiance to the fierce elements of nature. But we ask where the little acorn came from? He points to the oak, and says it comes from it. Oh! the tree comes from the acorn, and the acorn from the tree, which comes first, or how did they originate? There must have been a starting point. How did they start? There can be but one answer. They were evolved by the invisible forces of nature, the *modus operandi* of which science can not explain. It is beyond our present knowledge; therefore it is a miracle, a supernatural phenomenon. Had we not better content ourselves with the belief that God breathed into it the breath of life, and it became a living thing.

The Professor compares the brain to a galvanic battery, and the mind to the electric fluid which it evolves. But does the battery create the fluid? We think not. The battery is a machine invented by man, to demonstrate the existence of, and utilize a force, or principle, that is in nature, and the more perfect the machine, the more clearly it demonstrates the existence of this subtle element in nature. By varying the construction of the machine, it is applied to various purposes, and it becomes a useful servant of man. This is the case with all the inventions of man; they do not create the power that runs them, but they are so constructed that the forces in nature operate on them. It was known that the laws of gravity operated with a certain amount of force, on a piece of cast-iron, and from this knowledge, the ingenuity of the mind, constructed a machine by which he could register time, and called it a time-keeper, or clock. But does the clock create either that thing called time, or gravitation? Certainly not. Yet it is run and controlled by the law of gravity. If the machinery gets out of order, it ceases to respond to the law or force which moves it, but the force is not destroyed.

There is a subtle, invisible, imponderable force, or principle in nature, called caloric, which man's ingenuity has rendered useful in many ways. By properly constructed machinery, it is made to do many wonderful things. In fact, when machinery is properly constructed and adapted to it, there is scarcely any limit to its power and usefulness. But does the matter it thus runs, the machinery it propels with the velocity of lightning, generate or evolve it? No! Even the fire in the furnace does not create it. It only liberates it.

Then if the visible world, the material universe, and all that is in it, is created, preserved and perpetuated by the invisible, why contend that the finest and most powerful element in man, is the result of his gross material organism? The material world, that which we call organic nature, is not durable, but transient, ever passing away. It is produced, fills its purpose in the economy of nature, is disorganized, and passes from our sight, to be replaced by other matter. It is the effect; the causes lie beyond it, and are the eternal, the invisible, the ever active, though silent forces in nature's laboratory—the fixed, unalterable, imperishable, eternal principles, which God breathed into the world and pronounced it a living being. Matter can neither create nor destroy them. All that man, with all his skill and ingenuity can do, is to adapt or construct matter, so as to receive, or be acted on by it. With a double convex lens of glass, he can concentrate the rays of the sun, sufficiently to melt, and disorganize the firmest, and most solid matter. It is said that wood can be set on fire through a double convex piece of ice; yet that powerful element surrounds us, and we only experience an agreeable sensation of warmth, while we have the power of concentrating it; of using it in the promotion of life and happiness. Then, I repeat, that knowing that matter is but the effect of those invisible, ethereal elements, and that its existence depends upon them, it is unreasonable, unphilosophical, and illogical, to say that this invisible, ethereal thing called mind, in man, is the effect of his material organism. Man without the mind, would be a useless organism, but with the mind to control the organism, his powers and possibilities are vast.

But the Professor's theory can be refuted by another line of reasoning, and one perhaps more in accordance with the peculiar course of thought that our profession as physicians incline us to. Our organs discharge (as already stated) certain functions which go to sustain animal life. The liver secretes the bile, which is necessary to maintain a healthy state of the bowels, and assist digestion, and assimilation, and when in health it secretes just as much as the system requires, and no more. The bile thus secreted serves its purpose, and is carried out of the system, with other worn out material, and its place supplied with new. The old bile which has served its purpose once, can never be called up again; it is gone forever, no traces of it are left, its destiny is fulfilled; and like all the other secretions, it is disorganized. It is matter, and it shares the fate of all matter. But is this the case with the mind? Is the mind that is secreted to-day gone to-morrow? Are the ideas (for if the brain secretes the mind, it must also secrete the ideas) that the brain secretes to-day gone to-morrow?

And again, if the brain secretes the mind, all mind should be very nearly, if not quite alike, for the brains of all men are composed of the same material; at least they are as similar in composition as are the livers; and the bile secreted by different livers, is very nearly the same in composition. It may differ some in quantity, but the mind differs more in quality than in quantity. No two minds are near enough alike to be called similar. The characteristics of men's minds differ fully as much as their features. Now does a similar difference exist in the bile, secreted

by different livers? Livers may secrete healthy, or unhealthy bile, and the bile secreted by different livers may differ slightly in chemical composition, but it does not present the various characteristics that mind does. All these differences of mind may, and do exist, in men whose brains are in every thing precisely the same; then, I repeat, if the mind is the result of chemico-vital action in the brain, as is the bile in the liver, it should not, and could not, differ in its characteristics to any greater extent than does the bile

The Professor says: "If the brain be stunned by a blow, the nerve cells are disturbed, and no mind is evolved; the injured person is unconscious, and he is dreamless." It is true the individual is unconscious, but this does not prove that the brain manufactures the mind. It simply shows that the machine is out of order, and does not respond to the forces or power that runs it. His favorite simile, the battery, may be out of order, and notwithstanding he may have his solution in the cup, and the zinc and platinum plates in it, yet there is no evidence of electricity; we say the battery won't run, but does that prove there is no electricity there? A clock may get out of order and stop, from a blow that jars it, or from any other cause; but the force of gravity still operates on the weight.

Experience has proven that the mind is not, in man, essential to physical health. Now we know that a derangement in any of the functions of the physical organs can not exist any length of time, without creating disease. If the bile is scanty, or redundant, or not of healthy character, the general system soon suffers; and so with any of the other secretions. But the mind *may* be deranged for years, and the general system suffer no inconvenience from it. This shows that it is not a part of our physical being; that it does not belong to the organism, and that it is not the result of the organism. Experience also shows that our physical organism may be a wreck, may be diseased to the point of dissolution, and the mind be unaffected. The facts prove that there is not that intimate connection between body and mind, that is contended for. We know that the body can exist without the mind, then can we logically say the mind can not exist without the body? The mind like the body, is made up of members, and as a union of the various members constitutes one individuality of body, so the union of the members of the mind constitutes one individual mind. As physical beings we have arms, hands, legs, feet, eyes, ears, &c., constituting one complete whole. As mental beings we have memory, veneration, self-esteem, (which perhaps is the largest member in many minds), combativeness, philo-progenitiveness, number, &c., which combined, make one individual whole mind. Now the body can and does exist without all of its members; as when a limb is lost, or one may be blind, or deaf, yet enjoy good health; but with the loss of a member, he loses a perfect body, and is, to that extent defective; so with the mind, one of its members may become diseased, or entirely lost, and the mind be imperfect to that extent, yet possessing all the other characteristics of a healthy mind. This is not the case with any of the secretions of the system, if they become defective in any of their properties, the whole becomes defective, or unfit for use, and the entire system suffers. This shows also, that the mind is not a compound of substances consisting of

ingredients, but a being of parts. A being consisting of members, or organs, which have functions or parts to perform, in order to constitute a whole, as it is with our physical beings. The mind is an identity, a being of itself, independent of the brain as of the entire body. The body is the instrument it controls. The brain is the special organ through which it operates and by which it controls the entire system. Through the nervous system, which centers and has its origin in the brain, it sends its orders and commands to the various parts of the system, controlling each, thereby carrying out the designs of physical existence.

The power and capacity of the mind, does not depend on the material of which the brain is composed, (as it most certainly would if it were a secretion of it) but on the size and shape of that organ. The Professor, nor no other man, can take a portion of the brain, and by analysis, or any other process, tell whether the man, from whose head it was taken, was a philosopher, an orator, a mechanical genius, a moral or an immoral man, or tell what were the leading qualities of the living man. But give him the entire brain, or even the empty cranium, and he can, with tolerable certainty, delineate the character. If the mind is the secretion of the brain, education would do no good, for no amount of education affects the composition of the brain. By an autopsy, no one can distinguish between an educated and an uneducated brain. As machines to accomplish different purposes can be constructed from the same material, so has our Creator made the same material, brains, to fulfill widely different purposes. Man is a spiritual, as well as a material being. There is a phenomenon with which the Professor must be well acquainted, that I would like to see explained on material principles. It is well known that when a man loses a leg, or an arm, he still retains sensations similar to those he had prior to the amputation. I have an acquaintance, now a gray-haired old man, who lost an arm when quite a boy. He tells me that after the lapse of over half a century, he has the same sensations where that arm was, as he had before he lost it. Now that material arm has long since mouldered into dust, and the nervous system of that arm is also mouldered away; and as he certainly has had time enough to accustom himself to its loss, why are those sensations there?

Art. XLV.—Central Ohio Eclectic Medical Association.

The Central Ohio Eclectic Medical Association convened in Springfield, March 2nd, at the St. James hotel parlors, at one o'clock, p. m., in their monthly medical assembly.

In the absence of the President and Vice-President, Dr. W. P. Madden, of Greene county, was called to the chair.

The very best of feeling predominated with the members present, there being a good representation from Clarke, Champaign, Greene and Madison counties. The members present congratulated themselves on the good work of the Association and the very favorable mention the Society is receiving from the medical journals of Chicago, St. Louis, Cincinnati and New York—the journals making special mention of the peculiar phase of clinical cases brought out by the Society.

Drs. McLaughlin and Russell presented, as a first case, Nora Snider, a girl eight years of age. She was suffering from a sequel of diphtheria, which must necessarily prove fatal in two weeks' time if the proper treatment was not adopted in the case at once and pushed with vigor. The little sufferer had a severe form of diphtheria some two weeks since, and some days after she was thought to be over the disease, the face, hands, feet and body rapidly took on a swollen condition, resembling dropsy. She is now unable to retain in the stomach food or medicine for a longer period than an hour, when it is promptly ejected, and her case seems almost surely fatal. A lively discussion of the case took place between Drs. Russell, of this city; Madden, of Greene county; Austin, of Northampton; Dillahunt, of Pitchin; Bloyer, of Catawba; Wildasin, of Plattsburg; and others, in which a full resume of the case was had, with the experience of each physician in such cases and the results. Other phases of the disease, diphtheria, were discussed, with the results of treatment in the different localities where the physicians were practising.

The next case was a Mr. Johnson, who was operated on a few days since for strangulated hernia, or rupture. He was accompanied by his son, a man of some forty years of age, who from sympathy, together with a peculiar heart trouble, during the examination of his father's case by the physicians, took a swooning spell, fell to the floor, and remained semi-unconscious for some minutes. This unexpected clinical case was of no little importance to the Association, who took opportunity to examine the condition of the heart and the peculiar condition of the case during reaction, and the best methods to adopt in such cases.

Dr. Wildasin presented a case of a young man who was suffering from chronic laryngitis, and the proper remedies to be used in the case were suggested by the different physicians.

Dr. Reynolds presented a case of sciatic rheumatism, which had been a stumbling block and had baffled the best treatment of several physicians. A mode of treatment was suggested, and the results are to be reported at a future meeting of the Society.

Dr. Austin introduced a nice old gentleman, who was suffering with some form of skin disease which had resisted treatment. The different members discussed the case for a proper diagnosis of the difficulty, and a treatment was suggested by Drs. Holloway and Butcher, of Champaign county. Several other clinical cases were before the Association, and several were unable to get before the Society to give them a chance to have their cases examined, and went away to come again at the next meeting, on the first Tuesday in April.

The Association was advised that the physicians of the State had concluded to change the annual meeting at Columbus to Springfield, where they will hold a two days' session in Black's Opera House, commencing May 5. The meeting then adjourned until Tuesday, April 6.

Art. XLVI.—Kansas State Eclectic Medical Association.

The eighth annual session of the Kansas State Eclectic Medical Association convened at the Senate Chamber February 10th, at 2 p. m. The

Society was called to order by the first Vice-President, Noah Simmons, M. D., of Lawrence, in the chair. The Convention was opened with prayer and after a brief address by the presiding officer, the roll was called by the Secretary, Dr. Eidson, and responded to by a greater number of members present, than at any previous session, there being about one hundred or more doctors in attendance. Minutes of the previous annual session were read and approved. The Committee on revision of the constitution, by-laws and code of ethics, then reported, followed by other reports. The Treasurer's report showed the Society free of any indebtedness with a balance of something over \$400 in the Treasurer's hands. The Board of Censors then reported favorably on a large number of applicants to become members of this State Association, which were duly elected.

After the new members were elected and paid their annual dues, the following were elected to the various offices to serve the ensuing year: H. Owens, M. D., Wichita, President; T. H. Phillips, Olatha, first Vice-President; H. G. Kernodle, Marion Center, second Vice-President; David Surber, Perry, third Vice-President; Noah Simmons, Lawrence, Treasurer; A. M. Eidson, Topeka, Recording Secretary; J. M. Welsh, La Cygne, Corresponding Secretary. The following gentlemen were elected as Board of Examiners for the ensuing year: P. L. Mulvane, M. D., Topeka, President; A. M. Eidson, M. D., Topeka, Secretary; Henry Owens, M. D., Wichita; J. M. Welsh, M. D., La Cygne; Drs. M. Mullen and Douglass, Burlington; Noah Simmons, M. D., Lawrence. After which the Association adjourned until 7 p. m., when the president elect, Dr. Owens, took the chair, thanking the Association in a few appropriate remarks for the honor thus conferred upon him. After which the various reports were listened to, and numerous committees appointed, consuming the entire session to a late hour, when the meeting adjourned until 8 a. m. on the eleventh, when the remaining business was transacted, and then two or three hours devoted to the reading of essays, addresses, &c.

At 12 m. the meeting was adjourned until 2 p. m. The entire afternoon was consumed in reports of cases and general discussions which were very pleasant and profitable to all, every one feeling that he could not have missed being present, and would certainly not stay away from any future meetings of the Society. In regard to the present State medical law, the sense of the meeting was that the Eclectic medical profession of Kansas did not ask for the present medical law, as they did not desire or need a State law to protect *them* in their profession, being able to stand on their merits alone for their business, but as there was a law passed (a very lame one), that they had, and would quietly submit to it until it could be repealed or improved. There were fifteen delegates elected from this Society to attend and represent Kansas Eclecticism at the National Eclectic Medical Convention which meets in Chicago next June. The delegates were: Drs. McMullen, Bixby, Easter, Simmons, Mulvane, Jacobs, Owens, Phillips, Furber, Reed, Armstrong, Martin, Williamson, Sweezy and Cormack.

At 6 p. m. the Association's interesting session was closed, all feeling

delighted at the general interest and success of this meeting, feeling that none could afford to miss the privilege of such occasions, pledging faithful attendance hereafter. This meeting was closed with prayer to our all-wise and good physician and ruler, by Dr. Phillips, to meet at Topeka on the second Tuesday in February, 1881, at 2 p. m. Respectfully,

TOPEKA, KAN.

A. M. EIDSON, M. D., *Secretary.*

P E R I S C O P E.

Cholecystotomy for Dropsy of the Gall-Bladder due to the Impaction of Gall-Stone.

At a late meeting of the Royal Medical and Chirurgical Society. Mr. Lawson Tait read a paper based on a case of cholecystotomy. He referred to the success attending ovariectomy as leading to the adoption of abdominal section for other pelvic and abdominal tumors likely to affect seriously the life of the patient, unless of a cancerous nature. Dr. Handfield Jones had the merit of first suggesting the extension of it, particularly to cases of threatened death from gall-stone impaction. Dr. Marion Sims was the first to follow out the plan, but unsuccessfully, and the present case was the first successful one.

The patient had been married eighteen years, had borne six children, and menstruation was normal and health good till the summer of 1878. At that time she had spasmodic pains in the right sides aggravated by walking and lifting slight weights. A swelling, noticed in September, slowly increased, and during last winter pain became more intense, and she presented a cachectic appearance, suffering from incessant headache, sickness, and obstinate constipation. The seat of pain was over the right kidney, where there was a heart-shaped tumor, firm and elastic, without fluctuation, tender to the touch, and movable towards each side. The urine gave only negative results.

At a consultation with the author's colleague, Dr. Edginton, no decided diagnosis was attempted, and the opening of the abdomen was agreed upon, which was performed on the 23d of August, in the middle line, to the extent of four inches. The tumor was found to be a distended gall-bladder, containing a white starchy-looking fluid, and two gall-stones, one lying loose, and the other impacted in the entrance of the duct, and adherent to the mucous surface. The latter was removed after a tedious and very difficult operation (fully described in the paper). The stone and fragments weighed 6.11 grammes. The wound in the gall-bladder was stitched to the upper end of the wound in the abdominal walls by continuous sutures, leaving the aperture into the bladder quite open, and closing the rest of the abdominal opening in the usual way. The operation was performed antiseptically under ether. The patient rallied completely in a few hours, and the dressings of the wound were found stained with healthy bile. The flow of bile from the wound continued till Sept. 3d. The wound was completely healed on Sept. 9th, when the patient began to take solid food; up to that time the diet had been restricted to milk and beef-tea. On the 30th she went home quite restored to health.

A temperature chart indicated the evenness and rapidity of the recovery. An entire absence of symptoms of gall-stone rendered an accurate diagnosis impossible, but this was of less importance as late improvements in abdominal surgery made an early exploratory incision for ascertaining the true nature of the disease feasible. The author, in stating that he always used rigid antiseptic precautions in his abdominal sections, expressed some doubts as to his success being attributable in any way to them.—*Lancet*.

The Hymen.

Dr. Budin (*Annales de Gynecologie*, Nov. 1879) has made several dissections of the vagina and vulva in virgins, and has found that the hymen is in reality constituted by the anterior extremity of the vaginal canal. The vagina may be regarded as the finger of a glove presenting at its anterior extremity a circular orifice. This circular perforated extremity of the finger of the glove comes forward and insinuates itself between the labia minora, where it juts out and forms what is called the hymen. The dissection showing this has been repeatedly made by Dr. Budin, and always with the same result. When the dissection is carried out completely, he is able to remove the uterus and the whole of the vagina; and with the removal of the vagina, which is easily separated from the surrounding structures, the hymen is found to have completely disappeared.—*Med. News*.

Cold Clysters.

Dr. Lapin (*St. Petersburg Med. Wochenschr*, 1879, No. 22) has continued the investigations of Foltz, Ruthenberg, Boyer and Schlykowa, upon the antipyretic action of cold clysters. The experiments were made upon patients suffering from fever, upon those who had no fever, and upon those who were healthy. The temperature was taken in the axilla whilst the patient lay on his back, as well as in the rectum and in the hypogastric region. The clyster of one litre of water at 5° or 10° C. was then administered, and the temperature was again noted after the water had been ejected. From this method of experiment the following results were obtained: 1. The cold clyster is an active agent in lowering the temperature, its results being tolerably persistent. 2. Clysters of 10° C. were in every case well borne by the patients, and sometimes left behind them an agreeable sense of invigoration extending over the whole body, though in other cases they induced unpleasant sensations in the abdomen. In patients suffering from recurrent fever they even produced shivering. 3. The diminution in the temperature which occurs after the administration of cold clysters is greater in feverish patients than in those who are free from fever or who are healthy. 4. Cold clysters not only lower the temperature, but also affect the pulse and respiration to a considerable extent. 5. The most marked diminution is noticed in the rectum and then in the hypogastric region, whilst the least fall is in the temperature of the axilla. 6. Defecation follows the use of cold clysters at variable times in different persons. 7. It is certain that the cold is preferable to the warm clyster in all cases in which an enema is merely required for the purpose

of emptying the bowels in non-febrile patients. This is especially the case when it is desirable that these intestines should exercise a tonic action after the evacuation, or that it should be followed by a diminished supply of blood to the pelvic organs. 8. The advantage of the cold clyster over more energetic antipyretic means, such as quinine, alcohol, sodium, salicylate, and other tonics, consists, apart from its simple application, in the fact that it fulfills other indications besides that of lowering the temperature. (a) It removes the stagnation of masses of feces, which are so frequently met with in feverish patients; (b) It contributes to the removal of gases, and diminishes meteorism; (c) By these means it causes the diaphragm to move with greater freedom, and enables the organism to remove the sources of its self-poisoning by means of the intestinal gases, a poisoning which must occur if only to a small extent at each stoppage in the movement of the feces onward; (d) Cold clysters consequently lessen to a certain extent the afflux of blood from the intestine to the neighboring organs, such as the uterus and urinary bladder.—*Practitioner.*

Treatment of an Erectile Tumor by the Injection of Chloral.

In a case of rapidly extending erectile tumor, situated in the naso-palpebral region, Dr. Antonio Pupi (*La France Medicale*, No. 83), after failing to arrest the disease by other methods, succeeded in curing it by injecting chloral into the base of the tumor. He was led to try this method from the fact that chloral is not only a hæmostatic and cicatrisant, but that it also has the power of coagulating recently drawn blood, the coagulum so formed being insoluble. Three injections were made, at intervals of fifteen days, the strength of the solution being 1 to 10 of distilled water. Each injection was followed by tumefaction, which, however, was painless, and lasted only four or five days. The cure was so complete, that the traces of the tumor could be detected only by one who was acquainted with the case.—*London Med. Record.*

Locomotor Ataxy in its Relations with Traumatisms.

M. Landouzy, in a *resume* of M. Petit's paper on this subject in the *Revue Mensuelle de Medicine et de Chirurgie* March 1879, thus sums up his conclusions (*Revue des Sciences Medicales*, Oct. 1879). Traumatisms having direct or indirect influence on the spine, such as falls on the back, the seat, and the feet, bring on concussions of the medulla, and consequently, lesions which may become the point of departure of a chronic myelitis, and give rise to symptoms of locomotor ataxy. Up to the present time, it cannot be affirmed that distant wounds possess the same pathogenic influence; but it is probable that, in subjects predisposed to general sclerosis, as arthritic, syphilitic and alcoholic patients, they may, by over-exciting the medulla, hasten the development of the ataxy. It is certain that distant wounds may revive an apparently cured ataxy, and accelerate the progress of a coexistent ataxy. Various morbid phenomena, the suppression of habitual transpirations, hemorrhoids, menses, cutaneous eruptions, cold, metrorrhagia, pregnancy, intercurrent febrile

affections, appear to have a similar action to distant wounds. Ataxic manifestations may localize themselves in regions or organs affected either before or after the appearance of the ataxy. In certain cases, prolonged peripheral irritations have brought on nervous phenomena which have been wrongly designated ataxy by some writers. Appropriate treatment has removed the irritation, and the nervous phenomena have disappeared. As locomotor ataxy is often accompanied by disturbances in the nutrition of certain tissues, it is easy to understand that it may modify the local evolution of wounds. This is to some extent proved by certain cases of contusions of joints, fractures, and wounds of the soft parts.—*London Med. Record.*

Use of Cold Baths in Strangulated Hernia.

The use of cold in the treatment of strangulated hernia (*Wiener Medizinische Wochenschrift*, No. 26-27) has been often and much recommended for a long series of years, sometimes in the form of bladders of ice, sometimes in the form of cold compresses. These methods have, however, the disadvantage that they must be employed for a long time before any result follows; and if none follow, the favorable moment for operation may have been wasted in the unsuccessful attempt. Dr. Hein observes that in four cases he had perseveringly employed cold applications to the tumor, without bringing about its reduction. On the other hand, he had in two cases favorable results with cold baths, by which he obtained an effect of cold upon the whole intestinal tract. In the first case the patient had had a warm bath ineffectually, and he then put him, sitting up, in a cold bath. The tumor returned of itself while the preparations were being made for the administration of chloroform. In the second case, one of scrotal hernia of the left side, eight hours incarcerated, he gave a bath for fifteen minutes at a temperature of 15 deg. Cent. (50 deg. Fahr.); the reparation was easily effected. Half an hour after the bath, the temperature was 36.4 deg. Cent. (97.5 deg. Fahr.) in the axilla. By this method a lowering of the whole temperature of the body is caused, and thereby contraction of the intestine in its whole length.—*Lon. Med. Rec.*

Employment of Pilocarpine in Uræmia.

We give a summary (*Deutsch Med. Wochen.*, No. 26, 1879) of four observations by M. Bægchold, of cases marked uræmia, in which pilocarpine was employed in the form of subcutaneous injections.

CASE 1.—Child aged five years. Grave uræmia during convalescence from scarlatina. An injection was made of eight milligrammes of pilocarpine; convulsions ceased at the end of an hour, and she recovered consciousness. After some days a fresh attack was cured in the same way by two similar injections. The injections were made regularly during twenty days, and the attacks were not renewed. Ten days later the albumen had disappeared, and the cure was complete.

CASE 2.—Boy of twelve years, seized with uræmic convulsions during convalescence from scarlatina. Injections of one centigramme of pilocarpine stopped the convulsions at the end of six minutes on two different relapses. Cured.

CASE 3.—The injection stopped the convulsions, but the patient was comatose, and death ensued.

CASE 4.—Aged seven years; chronic nephritis. Convulsions ceased under the influence of pilocarpine injections, but the child succumbed to the progress of the disease.

The results obtained by Bægchold appear to show that pilocarpine may be a useful agent to combat one of the most alarming and most dangerous symptoms, but its utility against the disease itself seems to us doubtful. However, as it stops the convulsions, it might be, perhaps, favorably employed in puerperal eclampsia; and this is a point which deserves consideration.—*Gazette Hebdomadaire*, Jan. 30, 1880.

The Illinois State Board of Health and the Quacks.

The law under which the Board gets a part of its authority—that known as the medical practice act—empowers it to deprive a practitioner of his license to practice, for illegal or unprofessional conduct. By virtue of this authority, the Board has recently rescinded the license of several of the most notorious quacks in this city. They are men who have been most offensive, not only to the profession, but to all the better part of the general public, in their charlatanry. The Board, in this work, is entitled to and has the approval and support of the community. Several other quacks have been called before the Board, and are likely to have their licenses revoked. Whether the action of the Board will put an end to the practice of these men remains to be seen. The Attorney-General has just rendered an opinion that prosecutions for violations of the act—and practicing in the face of a revocation of license is a violation of the act contemplated—are in the nature of criminal proceedings, and must be made and conducted by the State's attorney. This will make the prosecutions very irregular and unequal in different counties of the State. In counties where the duties of the State's attorney are large, and where the authorities are niggardly in providing him assistants, prosecutions for violation of the medical practice act will be the last prosecutions to be made. It looks very much as though the opinion of the Attorney-General, while perhaps very good law, would prove to be in the interest of the quacks. While the Board are doing a very good work in endeavoring to protect the people from imposition from one class of men, they are licensing, on examination, young junior medical students, who have studied a few months in medical colleges, but who are nowhere eligible to the degree of doctor of medicine, at a rate that causes some men to suspect that they are not doing the public such an astonishing sum total of good after all.—*Boston Med. and Surg. Jour.*

On Salicylate of Soda for Urticaria.

Although Heinlein (*Aertzl. Intelligenzblatt*, 1878, and *Memorabilien*, 1879) represented nettle-rash as caused by salicylate of soda, yet Pietrzycki employed it successfully in three cases for this affection (*Prezglas Lekarski, Allg. Med. Centr. Zeitung*, 1879).

1. An unmarried lady, aged 18, suffered four days from urticaria. This affection recurred during two years three or four times in the course of the year. The eruption appeared on the whole body, and was most violent in the night, so that the patient looked as if she was swollen. Chilliness and a high degree of heat, as well as violent itching, took away her appetite and sleep. Quinine internally, and fomentations of vinegar and eau de Cologne, were recommended. The cold and heat ceased, but the eruption and itching recurred every evening. Fomentations with carbolic acid diminished the itching, but a prescription of salicylate of soda, in powders of 1.5 grammes three times daily, was successful, as, after taking two powders, the eruption and itching completely disappeared.

2. The same patient fell ill again three months later, and quinine was again prescribed, but even after three grammes had been taken the affection persisted. Two powders, however, as in case 1, completely cured the disease.

3. A woman, aged 21, somewhat chlorotic and with a bad digestion, suffered two days from urticaria, most severely in the night. As in this case also, there was chilliness in the evening, she took quinine, but with very little success. Salicylate of soda, three doses of 1.5 grammes daily, cured the disease entirely. The patient suffered from noises in the ear, under the treatment. The author believes that these three cases justify the conclusion that salicylate of soda is a very effective remedy for urticaria, if the dose is sufficiently strong.—*London Med. Record.*

A Novel Method of Reducing Dislocation of the Shoulder.

I placed the patient in a chair. I then put my *right* foot (the injury, be it observed, being on the *left* side of the patient) on the edge of the chair, and drew the patient's forearm under my leg. I placed the wife (the only person available for my purpose) behind the chair, and with both her hands over the patient's *right* shoulder, desired her to grasp his wrist firmly. I then held the head of the humerus with both hands, the thumb of each hand pressing against the point of the acromion process of the scapula, thus forming a fulcrum to a lever in the axilla; and at the same time fixing the scapula from following the humerus in the act of extention, a consideration on which the merits (if any belong to it) principally depend. By dropping my foot off the chair and pressing the arm downwards with my leg, the head of the bone slipped into the glenoid cavity with the usual click, and with unusual ease.—*J. Jones, St. Georges's Hospital Reports.*

On the Treatment of Fractures.

The peculiarities of the treatment of subcutaneous fractures of the bones of the extremities at Greifswald Hospital consists in nearly always fixing the broken limb in a plaster bandage. The usual pasteboards are applied to the smaller bones, but to the large bones of the extremities only temporarily, if plaster cannot be had at once. Dr. Max Schuller maintains that no bandage can be fixed so well as the plaster bandage:

but its frequent inspection, and even removal, are necessary, especially when considerable dislocation and effusion of blood have taken place. In this hospital plaster bandages are also applied to compound fractures, but in connection with salicylic jute bandages. Dr. Max Schuller prefers the frequent renewal of the bandages, as the wound can then be disinfected and the whole limb thoroughly washed; because he regards the antiseptic cleansing of the fracture as particularly important. Dr. Max Schuller also recommends adequate drainage, even if fresh openings for the drainage-tubes have to be made, in order that the secretions may flow freely from the wound to the surface. In extensive fractures, in which disinfection can only be effected by removing all splinters, Dr. Max Schuller places a drainage-tube through the fractured locality itself. The drainage-tubes, however, may be removed, or at least shortened, after a few days. The bandages are changed under the application of spray, first every third or fourth day, but after the first week, they can be left five, and, later, eight days. When the wound is healed, a plaster bandage is used for a long time to complete the consolidation. The chances of preserving a useful limb have been considerably increased by the antiseptic treatment, but even in unsuccessful cases this treatment makes the later necessary amputation less dangerous. In cases of compound fractures in which amputations are necessary, the adjacent joints have nearly always been fractured simultaneously, or some parts of the extremities, whole masses of muscles, etc., have been torn off.—*London Med. Record.*

EDITORIAL.

An Old Editor.

I wonder if our *old* subscribers recollect how many years we have been going along together—growing old gracefully (?) I look up at the shelf, and see eighteen volumes of the *Eclectic Medical Journal* since I took charge of it, and these represent eighteen years of hard work. Though hard, it has been very pleasant work, and I am sure no reader has enjoyed it more than *ye editor*.

I take up the volumes and see a steady development (at least it seems so to me) in the practice of medicine of our school, and I note a continued improvement in the position and welfare of our physicians. Altogether I think we should be well satisfied.

But did it ever strike you that in these eighteen years we have enjoyed the first of nearly every good thing (of course we may have enjoyed the first of some things that were not so good). The next best thing to originating a thing is to get early possession of it.

We introduced the *body thermometer* to our profession before the mass of our regular friends knew that there was such an instrument, and some two thousand were sold to our physicians before their works named it as an important instrument of diagnosis. It was a good thing, is a good thing, and we are happy to remind them that we had the first of it.

We had one of the first hypodermic syringes imported from Paris, and the instrument had been thoroughly tested, the results published, and

hundreds of our physicians were using the instrument before the mass of the regular profession knew that there was such a thing as hypodermic medication. Occasionally I come across a little four-page pamphlet issued in 1863 from the *Journal* office, giving full directions for hypodermic injection, and formulæ for the different remedies used.

We had one of the first atomizing tubes imported into this country, and were the first to show the importance of this method of medication, and give formulæ and directions for the use of atomized fluids in the treatment of disease of the respiratory apparatus. The instruments were far from being as perfect as they are now, but it was a good thing, and we had the benefit of it before our competitors were awake to it.

We were among the first to have salicylic made in this country, and among the first to use it, and our readers had the knowledge a year in advance of their neighbors. It was a good thing, and we had it.

There is nothing like being wide awake to every thing that is going on in the world, and ready to take any thing that is good. But it is not good to swallow every thing that is new, as many have found to their cost in the matter of "new remedies." We want to know the source, and do not care to take it unless it comes through a good channel.

"Worry" a Cause of Disease.

It is true, as stated by Spencer, that every pleasure or enjoyment gives a better physical life, and lengthens our days; and it is equally true that every worry, or unpleasantness, diminishes our present stock of life, and shortens our days. Of course, when we speak of pleasure or enjoyment, we refer to that rational pleasure which follows the legitimate use of the various functions of the body. We are not to understand that that which some regard as pleasure—say, a crowd of roughs, whisky, and late hours, or excesses in any direction—though thought pleasurable, are to be regarded in this light.

I think the explicit teaching of these facts will be a great benefit to any community. "A merry heart maketh a cheerful countenance." "He that is of a merry heart hath a continual feast." "But by sorrow of the heart the spirit is broken." "A good report maketh the bones fat." All this is good to think of, for we have a distaste for self-mortification, and we rather like the comforts and enjoyments of this world; and if this is best for us, physically, mentally, and morally, we should know it.

I find people all the time who make themselves miserable, make themselves sick, and kill themselves by "worry." They always look at the dark side, season their food with bitter herbs, see labor as the Adamic curse, beget their children in sorrow, and even deny themselves the consolations of religion by worshiping a God who has the attributes of the Devil. You have seen these people, and known some of them intimately, and have doubtless been troubled with such "worry." It is worry, not work, that wears people to the bone, and finally kills them.

I am accustomed to look at this matter as an element of many diseases, and, in so far as I can, help the person to a better condition of mind. Worry means a variable appetite, poor digestion, blood-making, and nu-

trition, and especially a want of rest and sleep, which are both essential to health. Relief from worry means an improvement of every function of life, and many times recovery from disease.

Why there is so much Worthless Medicine in the Market.

If one has no acquaintance with the drug trade, he may wonder why so much medicine, especially "fluid extracts," is unreliable or worthless. If he will go through a warehouse of indigenous drugs, and examine the stock, he will soon find out. Here is a box of ginseng, and we want a piece. It requires much turning over and looking before we can find a root that has but the shadow of the taste—good ginseng is shipped to China; the Celestials know what is what, and will not have the poor—that is made into fluid extract. Here is a bin of macrotys root, and we look it over carefully—rotten, old, shrunken, worm-eaten, and yet it is said to be very fresh, and will make a choice fluid extract. And so you go through many other things, and when you reach the counting-room you are gravely told that all this talk about fresh crude material and green tinctures is a humbug—one of Dr. Scudder's inventions.

How can we have good indigenous medicines? It is easy enough, if we make up our minds to it. The article, whether it is root, bark, plant, or leaves, should be gathered when growth has been completed for the year. Now it contains, in full proportion, the medicinal elements, whatever they may be. If a tincture is at once prepared with alcohol of proper strength, the medicine must be good. In some cases it is better if prepared from the green (fresh) article; in others, the tincture will be stronger and better if prepared from the recently dried article. This is plain enough to be understood by any person, and the drug houses that say differently must count on a very great amount of ignorance among physicians.

If we are to have success in the practice of medicine, we must have good remedies, and we will have them. It is not only success, but it is our money, and I know no reason why drug houses should run away with a physician's hard earnings. The difference between good and poor medicines is in quantity the difference between drops and drachms, and the difference to the patient is between nastiness and pleasant medicines.

Unfortunate, Very!

"I'm a poor misfortunate chap," the world's against me, and wherever I turn there is sorrow. "Life is a grasshopper"—otherwise, "grasshoppers are a burden," and "all flesh seems to be grass"-hoppers. "I'm the fat-ted calf—no, the old sheep that had the sins of the people laid on his back, and was driven into the wilderness," and I mourn and feel sad, and have hardly spirit enough to get up a respectable row. And you want to know why all this moralizing? Then I will tell you.

Here is a set of traveling doctors going through the country, seeking whom they may devour, and a few of them call themselves Eclectic (the majority are *regular*), and people cry out, "Here's your specimen Eclectic."

tic. How do you like this, Dr. Scudder?" Another is turned up as an abortionist, and the miserable skunk has appropriated the name Eclectic because it gave him credit, and people hold up their hands and say,— "See your children." They forget that nine out of ten of these creatures hold diplomas from *regular* colleges.

Why do men appropriate the name "Eclectic?" Because it is creditable—worthless things are never counterfeited.

Here is a certain Buchanan selling diplomas in Philadelphia, and he calls himself an Eclectic, and people exclaim, "O, they've caught you at it; Eclectic diplomas are sold, are they?" And then we are obliged to prove to them that this man has no recognition by our school of medicine, and never has had with us.

And as "diplomas" are in great demand by all schools of medicine—even *ye regular* buys freely—a certain Nicely (he should be called *Nastily*) goes into the business, and organizes a "Physio-Eclectic College," and then some donkeys exclaim, "There you are again." And wearing this name out, he changes it to the "American Eclectic Medical College," and then people are sure that we are guilty of diploma selling; and we have him prosecuted, and they are just as sure that the law has caught us. What makes the grind harder is, that even students and graduates seem to forget the name of the "Eclectic Medical Institute," and when we have one of these frauds written down, they seem to think it their own college, and write us complainingly.

Now let us reason together: Shall we give up the name "Eclectic," because certain dirty people appropriate it? No, it is a good thing, or it would not be counterfeited. What shall we do? Frown down all these unpleasant people, and make it unprofitable for them to steal our good name.

Chronic Eczema, Acne, Mentagra.

We have a class of chronic skin diseases, especially about the face, that gives the physician a good deal of trouble, especially if he has been continually using "Compound Syrups." He does not cure the patient, sometimes makes him worse, by deranging his stomach, and at last the patient changes physicians, and if he finds one that knows something of skin diseases, and gets well, it injures the reputation of Dr. Stillingia.

If I were to select a single internal remedy as being better adapted to all cases than others, it would be sulphite of soda. The dose need not be large, grs. ij. to grs. vj., three or four times a day. In some cases, (redness of mucous membranes, and foul breath), sulphurous acid will be a good remedy. The dose will be one-fourth to one-half teaspoonful three or four times a day.

Some cases will get along nicely on a solution of acetate of potash, to wash unpleasant material out of the blood. Some do well on Fowler's Solution, and others want a vegetable alterative. *Phytolacca* is good when the cervical lymphatics are enlarged, the skin pale and atonic, and *alnus* and *scrophularia* will be found far superior to compound syrups.

Brown citrine ointment is my favorite local application. It may be used of full strength, or where parts are sensitive it is combined with one or two parts of simple cerate, or glycerole of starch.

Do We ever use the Old Fashioned Treatment ?

This question is gravely asked, and we answer yea, we do, and if you have any disposition to doubt it, come over and be convinced. I had a case last week in which a stout fellow was full of cussedness, mentally and physically. His skin looked dirty, his face was full and dirty, his tongue was full and dirty, his veins were full, abdomen full, spleen congested, had been having plenty of bad whisky, and was full of the devil to boot. Had been having a slow fever, and cursed the previous doctor roundly.

Prescription—Podophyllin grs. v., Capsicum grs. xxv. Make five powders, and take one every three hours. He took four and no more, for he seemed to have lost his appetite for powders. He felt like having an operation from his bowels, and then he vomited; he vomited and then he wanted to go to stool. He got through with it in about twenty-four hours, and came out quite a decent looking man, without disease, and with an appetite for good food, and something to do. I do not often give an emetic, but when I do it means business, and the acetous emetic "don't go foolin' around." I give acetate of potash in the old doses when I want to wash the nastiness out of a patient's blood, and sulphite of soda in fair doses.

In enlarged spleen—ague cake—I rub it and toast it out with uvedalia ointment. In some cases of chronic disease I apply the irritating plaster, and an acid pack is not uncommon.

Still the employment of these means becomes less and less frequent, as our knowledge of the direct action of small doses increases. Of course you would not expect a person to have a preference for these rougher methods; give me the small doses always, especially if I have to take them.

An Eruptive Fever.

The most difficult diseases to classify and diagnose are those of the skin, and once in a while they will get out of the classification despite all we can do, I have seen such cases almost every year since I have been practising medicine, and I have seen something of the kind named by this correspondent during the past winter, and have heard of it from other sources. One of our subscribers writes:—

"DR. SCUDDER—Sir: We are having an epidemic of a very peculiar kind. Symptoms as follows: Aching pains throughout the body, of a dull, heavy, tensive character, especially in the knees and back, pain in temples of a throbbing character, soreness of eyeballs, movement causes pain in them, patient sits up or lounges about the house, feels chilly when out; this lasts about twelve to twenty-four hours, when he generally has a marked chill, followed by slight fever, pains worse, sore throat, and general symptoms of a 'very bad cold.' About this time an eruption appears, first on forehead, next on neck and breast, gradually extending over the body, more like the eruption of measles than anything I have seen. All the symptoms become worse, patient takes his bed. This lasts about twenty-four hours, when the eruption begins to disappear, followed with an itching, stinging sensation of the surface, which is relieved by slight

rubbing. Patient feels better, sits up in the room, and is soon out to business. It does not seem contagious, and unless it is complicated with something does not require any special treatment. Persons of middle age and children about six to eight are usually those that have it. In children the glands around the neck are usually enlarged, some cases are very mild. Generally loss of appetite, except in mild cases. When called to a case we call it roseola for lack of an appropriate name, and as they insist on a name. What is it? DR. L. WEST."

Here are three things—pain, sore-throat, and enlarged lymphatics, and an eruption like measles, and yet it is not scarlatina or measles, for which it might be mistaken, or simple roseola or erythema. We will call it *roseola æstiva*, a rather rare form of the exanthemata, but one that is sometimes quite severe.

Many sore throats seem to be associated with a slight exanthematous disease. I have seen a well marked eruption with diphtheria, and with epidemic tonsillitis, which could have easily been called scarlatina, and yet others in the house and immediate neighborhood would have the sore throat without any eruption.

Rotheln, or German measles, is another exception to the ordinary classification of the exanthematous diseases. It looks like measles, it prevails during a season like measles, and seems to be contagious. Yet persons who have had the genuine rubeola will have this, and persons who have had this may have rubeola.

I have not been able to determine whether the *rubeola spuria* or *sine catarrho* of Milan was the same as the German *rotheln*. It runs a course somewhat similar to measles, has the catarrhal symptoms, though with less fever.

Lumbago, Sciatica, Crural Neuralgia.

I have been consulted in a number of these cases this winter and have had five in my own practice. To make a diagnosis easily in the early stages of these affections one needs to have his anatomy well in hand; indeed it is a good thing in all cases. The following is a case in point:

A woman of 28 years was brought to me suffering with severe pain in the left ovarian region (as it seemed), and the difficulty had been diagnosed as ovarian irritation, yet she had just passed her monthly period without increase of suffering, and there were no uterine symptoms. An examination detected increased sensibility in the course and distribution of the crural nerve, especially in the *ilio-hypogastric*, *ilio-inguinal* and *genito-crural*. The patient was put upon the use of Rhus and Macrotys, with Quinine inunctions, and readily cured.

Some two years ago I was consulted in regard to a case of supposed coccygeal neuralgia, but within a month it had become a well defined sciatica. In this case the pain localized itself in the anus, and was most intense, and only relieved by hypodermic injections, and was arrested by a single hypodermic injection at the point of pain. The sciatica was not very severe, and was eventually cured with muriate of ammonia.

A man recently presented himself at the college to have a pistol ball

removed from the iliac region, It was some four years since he was shot, but the pain continued to recur just inside the crest of the iliac, some inches from where the ball entered. A careful examination showed no traces of a ball, and it would have been sheer folly to have cut down to search for it. Evidently the ball had injured the circumflex ilii nerve, hence the pain.

Sciatica frequently shows itself first in the upper branches of the sciatic nerve, and it is well to note these points of pain—*puncta dolorosa*. They are given as follows by M. Rosenthal:

"1, The lumbar point upon the lateral portion of the last lumbar vertebræ; 2, the posterior iliac point, at the posterior superior spinous process of the ilium; 3, the sacral point, over the sacral vertebræ; 4, the superior iliac point, upon the middle of the crest of the ilium; 5, the median iliac point, at the summit of the sciatic foramen; 6, the inferior iliac or trochanteric point, at the posterior border of the great trochanter; 7, the superior femoral point upon the tuber ischii."

If one of these points of pain is noted we may sometimes give marked relief by an application at that point. In using the hypodermic injection I insist upon throwing the fluid in at the place the pain points. If it is counter-irritation, the application of heat, chloroform, or cold, it is to such points.

Lumbago may either be neuralgic or rheumatic, and this diagnosis should be made at first. I do not think we will mistake it for disease of the kidney, though this might readily be done. The rheumatic disease is usually a myalgia involving the quadratus lumborum, or the sacro-lumbalis and longissimus dorsi. I saw one case in which very certainly the erector spinæ was involved.

The neuralgia is generally *lumbo-abdominal*, and there are certain points of pain (*puncta dolorosa*) in the course of the lumbar nerves, as we have seen in sciatica. These are given as follows. "1, a lumbar point, a little to the outside of the spinous processes of the upper lumbar vertebræ; 2, an iliac point, above the middle of the crest of the ilium, where the ilio-hypogastric nerve penetrates the transversalis abdominis muscle; 3, a hypogastric point, above the inguinal canal, a little outside of the linea alba, where the ilio-hypogastric nerve traverses the aponeurosis of the external oblique; 4, an inguinal point; 5, a scrotal or labial point, upon the scrotum or labium major."

If a lumbago is rheumatic, we find the indication and fit the right anti-rheumatic to it. If it is neuralgic we study the symptoms for the right internal treatment, and if the pain points, the application is made to the point of suffering.

Baby Elephant.

It will be recollected that last June's issue of the *Journal* contained some elephant literature by Prof. Howe. In the communication the writer referred to elephantine gestation as follows: "The female elephant has two mammary glands located between the fore legs. The young elephant sucks the teats with its lips. The period of gestation peculiar to the elephant extends through a period of nearly two years. These great

proboscidiāns rarely breed in captivity. Some years ago the birth of an elephant took place in the Zoological Gardens in London; and one is to take place in America within a few months, conception having taken place on the 25th of May, 1878, at Concord, N. H., the pairing having occurred in the 'Great London Circus.' The conjunction was like that between equines and bovines, by mounting."

It seems by the newspaper reports that the anticipated baby elephant made its appearance on the tenth of March, the period of gestation being twenty-one and a half months. This is the first parturition of the kind in which the exact period of gestation was known. In the London case the date of conception was not definitely known.

When the Cooper and Bailey Circus was in Cincinnati last May, Dr. Howe and Mr. Robinson, of elephantine notoriety, examined the dugs of the "interesting" elephant. The animal was then presumed to be one year along in her fruitful period. Mr. Robinson declared there was no pregnancy in the case, but Dr. Howe felt assured that parturition would take place the next February or March, and the event shows that his diagnosis and prognosis were correct.

May the first American born elephant live long and prosper; and may his proboscis never be shorter.

Boston's Opinion of the Illinois State Board of Health.

It is not altogether favorable, as the reader may see by referring to a quotation from the *Boston Medical and Surgical Journal*. "They are licensing on examination, young junior medical students, who have studied a few months in medical colleges, but who are nowhere eligible to the degree of doctor of medicine, at a rate that causes some men to suspect that they are not doing the public such an astonishing sum of good after all."

What evidence our Boston people have of this we do not know, but it has been freely asserted that men have received such certificates, who could not pass the examinations of the feeblest medical colleges, and whilst we do not know how this is, it is evident that this "graduating power" should not be conferred upon a body of men organized as are these State Boards of Health. They do not teach, or otherwise communicate knowledge, and yet they undertake to say that men are competent to practice medicine who have never had facilities for learning.

They have shown a strong desire "to make clean the outside of the platter," but we are waiting for evidence that the inside is any cleaner than the one spoken of by the evangelist.

Phytolacca.

If we have had one letter, we have had two hundred this winter bearing testimony to the curative action of *Phytolacca* in diphtheria, and the sore throat that has been so prevalent this season. How does *Phytolacca* cure this zymotic disease? I put the question to you, for I do not propose to answer it. Cure it it does; there's the fact, a very stubborn one, without any theory of microzymes, or chemical action to destroy them.

Phytolacca, in the small dose in which we use it (gtt. x. to gtt. xx. in water ℥iv.), is rather an inoffensive agent. One could swallow the entire prescription, chew the cork, and rub his stomach with the bottle, and still eat a comfortable dinner. It certainly is not quantity, neither is it quality according to the old ideas of medicine. Is it possible that there is a *spirit* in medicine, a something finer than the gross qualities of the drug? It would seem so.

Baptisia.

And here we are again, with another hard nut to crack. We have a zymotic disease in the form of a continued or typhoid fever this winter, though next summer it may be dysentery. There is no mistaking the character of the disease: there is great prostration; the tongue dirty at first grows brown, and sordes appear upon the teeth; there is tenderness over Peyer's patches and diarrhœa, and the drowsy delirium. Quinine makes the patient worse; sedatives do not sedate; and indeed all the ordinary means fail. We notice the dusky face, like one who has been exposed to severe cold; same color of tongue and mucous membranes. This suggests *Baptisia*, and stopping every thing else, we add ten drops to a half-glass of water, and give a teaspoonful every hour.

The pulse and temperature come down, the nervous system is relieved, the skin feels better, urine is better, diarrhœa better, tongue loses its brown and gradually commences to clean, a little appetite returns, and our patient convalesces.

Small quantity? Yes. Poison? No. Swallow the entire prescription at once, and it would hardly damage you. Evidently there is something here not dreamed of in the old philosophy. These are good things to think of, and as one gets case after case of this kind, he will realize that the modern study of medicine has something in it.

"Specific Medication"—Tenth Edition.

Readers of the *Journal* have heard a good deal about the first—indeed, the story of "specific medication" may be growing monotonous. But the last part—*tenth edition*—is something new, what does it mean? Books do not often reach the tenth edition; they frequently stop with one or two, are regarded as very successful if they go to three or five, and there must be something in them out of the usual way if they strike ten editions.

Well, there is something in it, and something that people have been looking for for many years. It may not be very good, far from perfect, but yet they want it, and would take it in almost any form that promised certainty in medicine.

This edition has been revised, and about one hundred and fifty additional remedies described. Of many of the remedies mentioned we do not know as much as we should, but we know enough to give a better practice of medicine, and we have all the years to come to learn more in. I expect to live to revise the twentieth edition, and make it far better than the present.

Have Horses Faith ?

It is said that it requires faith to obtain good results from small doses of medicine ; that the good results we see are due to the faith of the patient. And then we want to know if horses have faith, for they are relieved and get well with small doses, the same as human creatures. A horse becomes almost a part of a doctor, and his ailments should be carefully looked after and treated as we would treat any other patient.

Small doses serve the horse very much better than large ones, and remedies are specific and certain if rightly selected. One of my horses has rheumatism, and I give him—R Tinct. Macrotys ʒij., water ʒiv., about a teaspoonful every two hours. He is feverish and has pain, and is stiff and lame, and gtt. xx. of Aconite is added to the prescription. He has the colic, and I add Nux gtt. x. to water ʒiv., a teaspoonful every half hour. He has abdominal pain, and makes ineffectual efforts to dung, and I give him Tinct. Colocynth gtt. x., water ʒiv., a teaspoonful every half hour. He has retention of urine, straining to pass it, and I put a grain of Santonin on his tongue, and repeat it if necessary. There is nothing straighter than this medication.

How do I give a teaspoonful dose to a horse? Easy enough. I say, "Here, old fellow, open your mouth, take it down ; that's a good boy," and I draw his lip to one side and pour the little dose into his mouth, and the good boy swallows it down. I don't take two or three men, a stake-and-ridered fence, a nose-loop with a stick, and a drenching bottle filled with nastiness. Almost any fellow that had good common horse-sense would object to such a procedure.

I found my carpenter in trouble one day ; he had a good horse sick with lung fever, now some five days, and he was sure he was going to die. Why, says he, "we can't give him any medicine ; we can't get his head up to drench him." And sure enough, when I saw the horse he had inflammation of both lungs, and his head could not be raised. I put him upon—R Tinct. Veratrum, Tincture of Bryonia, aa. gtt. xx., water ʒiv., give about a teaspoonful every hour during the day ; put it in his mouth, and he will swallow it. There was slow amendment, but in two weeks the lungs were free.

Recently one of my own horses was over-heated, and my man called my attention to him one morning, saying that he refused his food, and his hair was coming off, and he was full of lumps, and there were some sores. Sure enough, he was sick, and by the next morning all his legs were swollen, and his sheath so dropsical that he could hardly pass his water. The glands of his neck were enlarged, and finally the hair came off in patches from the size of my hand to a foot square.

I prescribed for him, Tinct. Phytolacca, Tinct. Apocynum, aa. ʒj., water ʒiv., a teaspoonful every two hours. And as a local application to the ulcers, citrine ointment. In two days the dropsy was gone ; in a week he was eating well, and in two weeks there was no sign of farcy.

The medicine cures a horse as it cures a man ; it is just as certain, just as kindly, and it does it in the usual small doses, and, so far as I can see, "faith" is not an element in the cure.

A Small Old-School Difficulty in Kansas.

In Kansas they have a law regulating the practice of medicine, which recognizes the three State Societies as licensing boards, and each of the three took immediate steps under the law, and appointed examiners, and commenced granting certificates.

Every thing seemed to be lovely, but now it has transpired that there are really but two Societies in the State. The Eclectic Society filed its articles of incorporation March 28, 1871; the Homœopathic Society filed its articles of incorporation Sept. 7, 1871; but the Old-school Society has never been incorporated, and is not a body recognized by State law. What will be the outcome it is difficult to predict, but at any rate it is a good joke on our regular brethren.

Sometimes a Knife is two-edged, and Cuts Both Ways.

The biter once in a while gets bit, and as a rule he doesn't take it very kindly. While our regular brethren—good souls—have been kindly sweating their brains to get laws regulating the practice of medicine in this country, our Cannuck friends have had laws passed which fit a more northern latitude.

These laws do not recognize graduates of the regular colleges of the United States any more than they do the irregular, and if they (the old-school) wish to practice in the Canadian country, they are forced to take a course of lectures and pass the examinations there. It is a little rough on them, it is true, but we think they deserve it. In England and Canada a medical course does not mean two or three years' currying a doctor's horse, and sitting on dry-goods boxes, with a little reading in some musty old volumes, and two short courses of lectures. It is a solid four to six years' study, with three or four years in college, and a respectable education to commence with.

Ohio Eclectic Medical Association.

This Association meets at Springfield, Ohio, Tuesday, May 4th, at 7½ P. M., holding over Wednesday, May 5th.

AN APPEAL TO OHIO ECLECTICS.—Ohio stands prominent as the pioneer in medical progress. The parent school, educating physicians of our branch of the profession, having an organ, the *Eclectic Medical Journal*, of wide circulation, our friends in other States naturally and rightly expect us to *lead* in thorough organization and aggressive work for the general good. It remains to be seen whether our Ohio men, as organizers and supporters of societies, will prove worthy of their character in the achievements named, or whether other States will outdo us in these important, active measures, and bear off the palm that we are naturally expected to retain. The object of associations is threefold: 1. Mutual improvement and elevation. 2. The organization of our entire forces for respectability, influence and standing. A professional man, who does not belong to a respectable, active, working society, can be no better than an isolated soldier in war who is running around alone, belonging to no com-

pany or regiment. Poor fellow! 3. To gather together, at stated times, brethren engaged in a common, chosen, and useful profession; to form and execute carefully matured plans for the common protection, improvement, and, if need be, for aggressive advance in our general interest. Where lives a physician so humble or so exalted but needs to become a member in order to attain these creditable objects? Are medical societies necessary and proper? Certainly. We can not exist or be recognized professionally without them. This being true, it follows that physicians of common foresight will sacrifice the little time and money required to organize, join, attend and support our organizations.

About twenty-five States have already organized State E. M. Societies, with many auxiliary ones, and all will organize at no distant period. Ohio has about five hundred Eclectic practitioners, and ought to keep the ascendancy; but several sister States have well organized, successful medical colleges, and larger and more vigorous medical associations. Laudable, professional pride, love of our great State, and more than these, a proper spirit of emulation should stimulate us to active and obvious duty, to turn out and make a grand rally of one hundred and fifty more at Springfield this year. We can readily do this if we all try: and who among us would not feel honored and delighted with such a demonstration of our strength and vitality?

To become members of our National Association now, we must first join our State Society and be sent as delegates to that body. This fact alone should induce every man of laudable aspirations to go to Springfield and become a member this year. The State Society will send new members as delegates, those who are members being already eligible.

We have important and substantial reasons for a general turn-out to the Springfield meeting. It is evident that a State Board of Health will be organized by a special act of the Legislature at no distant period, and it is important, if not vital, to our interests, to show our full strength and take official measures to secure the proper representation in a legal board, which will be clothed with the authority to regulate medical education, and determine who *may* and who *may not* practice medicine in Ohio. This question equally concerns every one of our fraternity alike, and appeals to each of us individually as a duty to come out and *act* for ourselves and the general good.

TAKE YOUR WOMEN.—Many of the wives of our physicians have already indicated their intention to attend their husbands to the Springfield meeting, and greet and encourage our worthy sister Anton in her laudable professional work. They hereby invite and urge that as many women as can make it convenient to go, to do so, too. We shall be surrounded by an eclectic atmosphere and influential friends in Springfield and vicinity, and we shall feel well repaid for attendance on the coming convention.

Respectfully,

HENRY PARKER,
A. G. SPRINGSTEEN,
A. P. TAYLOR,

J. T. McLAUGHLIN,
W. P. MADDEN,
JAMES ANTON.

Executive Committee.

Eclecticism in Tennessee.

To all Eclectic Practitioners in the State of Tennessee: It is proposed to hold an Eclectic Medical Convention in the city of Nashville, Tenn., in the month of May next, for the purpose of organizing a State Medical Association. Therefore all Eclectic physicians in the state who are desirous of the success of said enterprise will please report their names to either Dr. J. W. Allen, Fulton, Tenn.; or Dr. W. H. Halbert, Renfrow Station, Tenn.

[This is a movement in the right direction and we hope our physicians in Tennessee will respond at once.—ED.]

Ohio State Society.

This year the committee having the matter in charge have decided to hold the annual meeting at Springfield in place of Columbus. They have arranged a good programme of work, and the meeting promises to be of more than usual interest. I promise myself to be present, and hope to meet a large number of our physicians.

Illinois State Eclectic Medical Society.

The Twelfth Annual Meeting of the Illinois State Eclectic Medical Society, will be held in the city of Springfield, Ill., June 2d, commencing at 10 o'clock, A. M., and continue two days. Eclectic physicians everywhere, especially those within the State, are cordially invited and earnestly requested to attend and participate in our deliberations. A great desire is felt for a more thorough organization of the Eclectic physicians of the State.

We ask you to consult your interest, the interest of your patrons and the prosperity of the cause of Eclectic medicine, and trust you will attend, so that this meeting will be a grand success.

The following essayists have been appointed to prepare papers for the next Annual Meeting of the Society:

Surgery.—W. W. Houser, M. D.

Gynecology.—A. W. Foreman, M. D.

Physiology and Hygiene.—W. D. Turner, M. D.

The Nature and Consequence of Malarial Poisoning.—W. H. Davis, M. D.

Zymotic Diseases.—H. Wohlgemuth, M. D.

Mental Evolution.—Z. Waters, M. D.

Pathology and Therapeutics of Puerperal Fever.—A. L. Clark, M. D.

Puerperal Septicemia.—S. C. Hewet, M. D.

Address of the President.—R. F. Bennett, M. D.

Nervous Shock.—J. I. Doss, M. D.

Membranous Dysmenorrhœa.—C. H. Doss, M. D.

Concussion of the Spine.—A. L. Foreman, M. D.

Typho Malarial Fever.—J. D. Wheeler, M. D.

Insanity.—Prof. E. Younkin.

Diphtheria.—Geo. Kirkpatrick, M. D.

Dressing Fractures of the Elbow.—Prof. Milton Jay.

A. SIMMONS, M. D., *Secretary*, Girard, Ill.

BOOK NOTICES.

A CLINICAL TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By M. ROSENTHAL, Professor of Diseases of the Nervous System, at Vienna, with a Preface by Prof. CHARCOT. New York, Wm. Wood & Co.; Cincinnati, Robert Clarke & Co.

I think this is one of the most complete works on the subject that I have ever read. The description of disease is clear and definite, and the methods advised, at least in so far as they are prophylactic and hygienic, are good. I should not like to adopt the treatment as a whole, though it will be suggestive, and parts of it will prove useful.

The author has evidently studied the subject in the German way—given his life to it—and in that methodical plodding way which unravels a problem, if it is to be unraveled. The usual method of doctors is, to get the subject up well from books, then form theories, and in so far as observation comes in, it is made to conform to these theories. In other words, he first makes himself a queer kind of nose-glasses, that get up optical illusions, and views everything through them. Our author takes the method of the naturalist, using his own senses, making careful observations from life, and giving us the results of his trained senses

AN ELEMENTARY TEXT-BOOK OF MATERIA MEDICA (Homœopathic). By A. C. COWPERTHWAIT, M. D. Chicago: Duncan Brothers.

This is a very good presentation of about one hundred and fifty Homœopathic remedies, or rather Homœopathic use of remedies, for they have but few that are not employed by other schools. The difficulty experienced in reading Homœopathic materia medica, is the great number of symptoms given, the symptoms being regarded as indications for use. As this gives fewer symptoms, (if it gives the more pronounced ones,) it will be easier for the ordinary reader to master it. According to Allan's great Materia Medica, guided by the symptoms given, we might treat and cure all diseases that flesh is heir to with any one of a hundred agents described. But even Homeopaths do not take all of this for gospel, and are much inclined to look for a few prominent indications associated with each remedy.

GENESIS I-II. An essay on the Bible Narrative of Creation. By AUGUSTUS R. GROTE, A. M. New York, Asa R. Butts, publisher.

Another small nut for theologians, but though interesting, hardly treated in the way we would like to see it. The subject of creation is not one that can be studied in a pamphlet of 82 pages, though a sufficient presentation may be made to stimulate further investigation.

ANATOMICAL ATLAS. By J. A. JEANCON, M. D., Professor of Physiology in the E. M. Institute, Cincinnati, Ohio. Four additional numbers are now ready for delivery. These complete Osteology. Address Dr. T. C. Hannah, Cincinnati.

This work promises to be one of the best ever published. The plates are clear and explicit and brings to the mind of the student and practitioner the leading points of human anatomy; the pictures are large, bold in outline, and the busy practitioner can open to the plate wanted, and see at a glance the relation of parts, blood-vessels, nerves and muscles, without the trouble of looking over all separately.

AN EPITOME OF THE POSITIVE PHILOSOPHY AND RELIGION EXPLANATORY OF THE SOCIETY OF HUMANITY, with an important letter by **HARRIET MARTINEAU**. Society of Humanity, publishers, New York.

Unorthodox people who are looking for a new religion might examine this pamphlet, but I will not promise that "Its laws of relativity lays or allays the ghosts of theology and the entities of metaphysics."

GOVERNMENT. An Essay, by **CHARLES MORAN**. New York, Asa R. Butts.

A pamphlet which may be read with advantage during this year of political excitement.

HOW THE GEOMETRICAL LINES HAVE THEIR COUNTERPART IN MUSIC.
By **ISAAC L. RICE**. New York, Asa R. Butts, publisher.

NOW IS THE TIME TO SUBSCRIBE for the large Anatomical Atlas, by J. A. Jeancon, M. D., Professor of Physiology in the Eclectic Medical Institute, Cincinnati, Ohio. Complete in 45 parts, with explanatory text: parts 1 to 8 inclusive are now ready for delivery and will be sent by mail on receipt of price, 75 cents per part. Address all orders to

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FOR SALE.—The subscriber offers for sale his property, in Clinton, Kansas, consisting of a dwelling-house, barn and three and a half acres of ground, a good well at the door, and about twenty bearing fruit trees, apples and cherries. A desirable location for an Eclectic physician, as the people are in favor of that practice, and there is no other physician of any kind in the place. Address **DR. E. H. WAUGH**, Clinton, Douglas Co., Kan.

Receipts for Journal to Mar. 23.

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Who is not familiar with the introduction of Cotton Root Bark? The plantation women, who first discovered the valuable parturient properties of this drug, used it in the form of an infusion of the *green bark of root*; and in this showed more wisdom than pharmacists who use the *dried* bark, and *even the root itself*. "*Anything is good enough for a Fluid Extract*" they say; and pick up their stock wherever and whenever they can get it, *no matter how old*;—be it *one, two, five or ten years*; utterly regardless of the *time* and *place* where gathered. This may be considered strong language; but our position in this city, the great center of the country for the collection of indigenous drugs, enables us to make the best selection of fresh crude material, and to observe the direction taken by the poorer qualities. In confirmation of the above remarks, we may state that we have traced drug stock rejected by us, as unfit for any use in medicine, to manufacturing houses who make it their special business to condemn or cast odium upon preparations made from *green, fresh, or recent dried* drugs.

In a business-career of nearly thirty years, we have given the subject of *improvement in medicine* our close and careful attention; and the valuable *Salts* of the *Hydrastis* and *Sanguinaria*; *Podophyllin*; Oils (by Ether) of *Capsicum*, *Stillingia* and *Lobelia*; and the Improved processes for the manufacture of Fluid Extracts, (See Proceedings Am. Pharmaceutical Association from 1856 to 1870,) attest the result of our labors in the cause of improved pharmacy. Our investigations relative

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to the use of green and fresh drugs have fully repaid attention given to the subject; and the conclusions arrived at merit, we think, the favorable consideration of intelligent physicians.

As an evidence that the medical profession is moving in the right direction, read the following extracts from the

Report of the Committee on Revision of the U. S. Pharmacopoeia, for 1880.

"There seems to be a growing demand among physicians for certain extracts prepared from *fresh plants*. Some of the latter are of such a nature that *effective* preparations cannot well be prepared from the dried plants, because during the drying, some active volatile substances may be lost, or some other constituent be altered or destroyed. In the case of others, no tangible chemical or physical cause can be adduced for the preference given to preparations made from fresh material, except the statements of medical practitioners as to their therapeutic effect."

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"It is maintained by careful observers, and appears to be borne out by experience, that *dried* Arbor Vitæ is devoid of the medicinal properties for which the *fresh* drug has acquired a reputation. Although chemistry can often detect no difference in the constituents of vegetable drugs, before and after drying, except the loss of moisture, and perhaps of a little volatile oil, yet there seems to be no doubt that in a number of cases a marked therapeutical difference exists between preparations made from the fresh and from the dried drugs."

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We recently received a note from a patron, asking us if we were aware that certain parties were taking 70 per cent. from the regular price of fluid extracts. We wish to say that we aim only to make remedies that will be reliable, and can not in any way interfere with the discounts offered by others, or the business of others. We would not intrude ourselves by word or action, if the discount were 80 per cent. or 90 per cent. We have no desire to run the business of the country excepting as regards our own preparations. We make reliable medicines, have a sale for them, and have no cause to prepare a line of cheap goods. We presume those that make cheap medicines have to compete with cheap medicines, and we must candidly say, that we would prefer to allow the cheap medicines to be sold by others. Our facilities for obtaining crude materials are not excelled. Our laboratory is conducted most economically. Our medicines are very cheap, when *quality* is considered, and we are convinced our patrons understand the fact. We solicit orders from all that desire reliable remedies.

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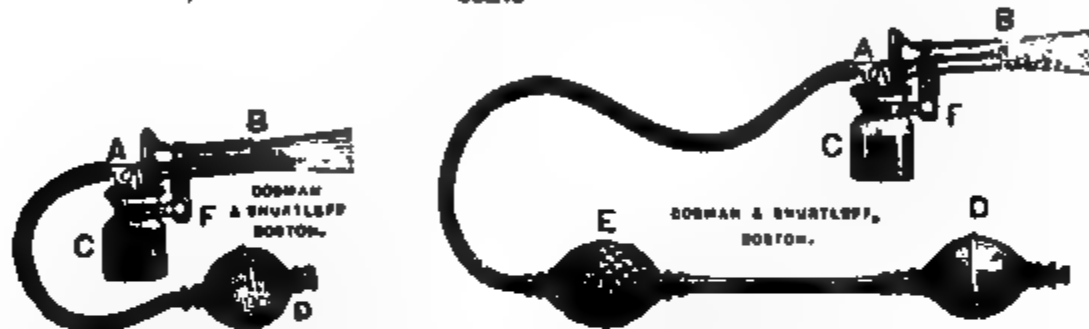
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Professor of Pathology and Practice of Medicine, University of the City of New York.

Samuel R. Percy, M. D.

Professor of Materia Medica, New York Medical College.

F. Le Roy Satterlee, M. D., Ph. D.

Professor of Chemistry, Materia Medica and Therapeutics, N. Y. College of Dent.; Prof of Chemistry and Hygiene, Am. Vet. College, etc.

A. VAN DEVER, M. D., Albany, N. Y.
Prof. of Surgery Albany Med. College; Surg Albany and St. Peter's Hospitals.

{ I have given Lactopeptine a good thorough trial, and have been greatly pleased with the excellent results that have followed its administration.

JULIUS F. MINER, M. D.
Prof. Special Surgery, University of Buffalo, N. Y.

{ I have used Lactopeptine in my private practice for the past two years, in many cases, with highly satisfactory results.

JAS. AITKEN MEIGS, M. D., Philadelphia,
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{ I have used Lactopeptine with very good effect in a number of cases of dyspepsia.

W. W. DAWSON, M. D., Cincinnati, O.
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{ I have used Lactopeptine with great advantage in cases of feeble digestion.

ALBERT F. A. KING, M. D.,
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Prof. Obstetrics University of Vermont.

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D. W. YANDELL, M. D.,
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L. P. YANDELL, M. D.
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{ Lactopeptine is an exceedingly valuable preparation, and no one who gives it a fair trial can fail to be impressed with its usefulness in dyspepsia.

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{ I consider Lactopeptine the very best preparation of the kind which I have ever employed, and for patients with feeble digestion I know nothing which is equal to it.

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We do not assert that these medicines contain any properties beyond those of the Fresh Crude material, extracted with skill and best menstruum, but we ask such as desire unfailing preparations to insist upon receiving those with this label.

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Apocynum And.....	1 80	50		Chamomilla	2 00	55	
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A. DOVE, M. D.

ATLANTA, GA., December 5, 1879.

GENTS: I have been using your specific tinctures and have found them so superior to the fluid extracts (no matter whose preparation) that I have instructed my druggist, W. A. Taylor, to order a supply for my practice.
J. P. HAMMOND, M. D.

HARVEL, MONTGOMERY COUNTY, CAL., January 26, 1880.

MESSRS. MERRELL, THORP & LLOYD:

Gentlemen: Please send me per "Pacific Express" the drugs mentioned below. I will say here that your "specific medicines" give me better satisfaction than any drugs I have ever used. I have been using yours over four years. They stand the test and always fill the bill.
W. D. MATNEY, M. D.

DAILEYVILLE, TEXAS, February 28, 1880.

MESSRS. MERRELL, THORP & LLOYD:

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J. F. HINES, M. D.

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Sirs: Your invoice is now to hand. You may depend upon getting my orders in future. Inclosed find draft for twenty pounds. Send the following. JAMES NEIL.

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MESSRS. MERRELL, THORP & LLOYD: WITTER SPRINGS, CAL., January 20, 1880.

Dear Sirs: I this day received your physicians' prices current, and you will please accept many thanks. I am glad A. C. Tufts, of Sacramento, has begun to keep your valuable medicines. They ought to be kept in every State in the Union, for the good of humanity.
DEXTER WITTER, M. D.

T H E

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ORIGINAL COMMUNICATIONS.

Art. XLVII.—“Mind and Matter.” By A. J. Howe, M. D.

J. S. Martin, M. D., an old and respected friend, very happily assailed some opinions of mine, and expressed his own views in the April issue of the *Journal*, taking “Mind and Matter” as a heading. In these cerebrations he treated me very considerately, and I aim to reply in the same spirit. The doctor is evidently a thinker, and hews to the line quite cleverly for one whose ax is not the sharpest. His first proposition reads as follows:—“Man is undoubtedly a dual being.” The sentence would be stronger if “undoubtedly” were omitted. The postulate means that the entirety of man consists of a body and a soul; that they come from two sources, live in company for a while, and then dissolve partnership forever, the body returning to its original elements, and the mind or soul continuing as a distinct entity, yet modified by having been associated with a vile body. The soul or mind joined the body in the body’s infancy when the babe was pure, and left it after a corrupt course of living had tainted it. The mind or soul as an individual entity was made in heaven, and then lent to the baby of man (just *when* it is not easy to say—perhaps at conception, possibly at quickening, probably at birth) for a season, as a special gift, and no such thing as mind or soul was bestowed upon any other animal, though all have brains. The above is the doctor’s reasoning in a paraphrased and expanded form. The drift of the argument is that the brain has no uses except to be the temporary abode of the mind, and that the organ has nothing to do with mind making, mind evolving, or mind elaborating. The critic does not believe that a softened brain generates a feeble mind, or that the organization of an idiot’s brain has anything to do with the creature’s idiocy. Perhaps the doctor upon later considerations would say that the average mind or soul, as made in heaven, is a passive latency of not much account until it has been lent to a baby, has grown with body growth, and been sanctified or corrupted by a

long course of living; that by this process of loaning minds or souls to infant mortals, souls or minds are developed into advanced states, and fitted by the growing process for celestial delight or infernal misery.

Secondly, the doctor argues that without this quality "man's life would be a failure and not worth preserving," but his reasoning in this direction is not half so interesting as one of Jonathan Edwards's sermons on "Faith and Foreordination." When I want any theology I prefer Edwards to Martin. The latter should simplify his language, and tearfully exclaim "We are all poor miserable sinners—worms of the dust—deserving of damnation,—and it is all for the best."

Thirdly, Dr. Martin descends to queries,—he soberly exclaims, "Is the mind an animal substance?" If it be an animal product it may be safely called an animal substance. Musk is an animal product or substance. Its odor may remain in a garment for years, yet "is it a compound or simple substance? Can he (Martin) tell us whether it is acid or alkaline? What is its specific gravity? What is its consistency? Is it fluid, semi-fluid or solid? Is it soluble in water, alcohol or ether, or any of the acids, and if so, to what extent?" There, Dr. Martin, I have repeated your question, and what have I proved, and what have you proved by those elaborate queries? You know enough to know that such a manner of conducting a controversy is cheap and worthless. Think of the subtle characteristics embraced in the spermzoon when it fructifies a mature ovum, and then deny such characteristics by asking the physiologist to name the specific gravity of such attributes, their degree of solvency in alcohol, their color, etc., as if they did not exist because they could not be seen by the microscopist, or be shaken in a test tube!

Fourthly, my critic declares that electricity cannot be created, evolved, or generated, but is "an element of nature." What do you mean by *nature*? Perhaps you mean matter, the earth, the universe. We are told by the best physicists that heat, light, and electricity are interchangeable forces or agencies,—that heat and electricity can be developed by friction,—that galvanism can be evolved by the chemical decomposition of copper and zinc under the influence of sulphuric acid. In the bath the galvanic current is set flowing, and is sent over wires to Europe to indite a telegraphic message. In a large telegraph office tons of sulphate of copper are used every year, and carboy after carboy of sulphuric acid as a solvent, yet Dr. Martin says no new galvanism is evolved from the chemicals, but the fluid is simply liberated,—that it was in the copper all the time, and the acid merely liberated it. Test that car load of sulphate of copper with the most delicate galvanometer and see if the presence of the subtle fluid can be detected. Dissolve the copper in water and see how much galvanism is generated. Put flints or bits of granite in the sulphuric acid bath, and see how much galvanism is evolved, but place zinc and copper in the acid, and the combination is favorable for the generation or evolution of galvanism.

Fifthly is embodied in a pretty formula, viz: "great oaks from little acorns grow." Then comes the old query whether the Creator first made an adult hen, or a fecundated egg from which a chick should hatch and grow to be a hen. Evidently the doctor has no idea that the Lord may,

in the course of cycles of time, have evolved the organic world, beginning with the simplest forms and ending with the most complex, instead of creating all in a week according to orthodox belief. He would swallow the Mosaic account as literally laid down; and follow Cain into the land of Nod in pursuit of a wife, not seeing any discrepancy in the statement.

In the next argument adduced by my critic nothing new is offered, except that a battery is like a clock which merely measures time and does not make it. Now, if the doctor can not see a different principle in the two pieces of mechanism, then there is no use in wasting time upon the subject under discussion. The battery makes galvanism, and is not a measurer of it; while the clock is merely a meter, a *chronometer*. The doctor's succeeding argument at the bottom of the 174th page is good, but does not bear on anything I have written. If I were discussing animal heat I might say something about *caloric*, furnaces, digestion, friction, etc., but I have not written upon the topic as yet.

The next argument adduced is expressed as follows: "It is unreasonable, unphilosophical, and illogical to say that this invisible, ethereal thing called mind in man, is the effect of his material organism." The above in an expanded and transposed form, means that man obtained his mind or soul in babyhood from the supply kept in heaven, and that a growing baby's brain does not generate or evolve all the mind it has.

Then comes a platitude worth remembering: "Man without the mind would be a useless organism." Why did he not say that without boiling water in a locomotive the machine would not pull a pound. The rest of the sentence reads, "but with the mind to control the organism, his powers and possibilities are vast." In other words a man with a head can execute wonders, but an idiot is of no account. A man with a small and feeble brain is inefficient, but a man with a large and active brain has a mind worth possessing. According to Martin the Lord breathes an average mind or soul into the average baby, but only those babies who develop big and active brains ever evolve powerful intellects. Inferior brains are saddled with inferior minds, and a big soul is bestowed upon capacious cerebral masses.

The next proposition of the inquisitive critic comes in the form of a question, as follows: "Is the mind that is secreted to-day gone to-morrow?" Answer: The mind all through life flows, as it is evolved, in one unbroken stream, (unless temporarily suspended by a profound shock), and only stops flowing when the man dies, but the product of this long course of cerebral action is not necessarily lost, any more than the electricity elaborated by a battery is annihilated, but both may serve some useful purpose in the economies of the universe. The doctor's ratiocinations about all men's minds not being alike, and because they differ my position is untenable, are not worthy of serious consideration, they are simply frivolous.

When the doctor compares a disordered brain to a disordered clock there is no object hit, nor one well aimed at. The musket is fired with the eyes shut.

In the final display of argument, phrenology (a topic as thoroughly out

of use as a flint lock) is made to do service in the doctor's behalf. But if bumpology proves anything it goes against the doctor's standpoint all the time. If "self-esteem," for instance, be inordinate, the foundation and cause of it have their seat in a big lump of brain in a particular region of the cerebrum; the several functions, some feeble, others strong, either condition depending upon the size of the brain bump, make up the entirety of the intellect, whose source of strength depends upon cerebral action. The doctor struck a boomerang that time.

Finally, "The Professor, nor no (?) other man," ever pretended that the autopsical appearances of the brain indicate the qualities of the mind which were once elaborated in the mushy mass. The scalpel could not be expected to show whether the possessor of a given brain voted the Greenback ticket, or was a Quaker. To announce that the dissector cannot tell an educated from an uneducated brain is to quibble.

The doctor is old enough to know that a man with an amputated leg *does not* feel altogether as if the lost limb were present. At first there exists an illusion; the stump feels for awhile as if the amputated limb were still in place, but habit will correct the false notion. However, if a needle be forced into the stump of an amputated arm, and the point hit the severed end of the ulnar nerve the sensation may seem as if the little finger had been pricked. The deception arises from the fact that the nerve leads directly to the brachial plexus, thence to the spinal cord as was the condition originally, and impressions made upon the nerve in the stump feel as if they arose at the neural termini. Once if a man with an amputated leg experienced pain in the stump, it was superstitiously believed that the earth was pressing uncomfortably upon the buried leg, and there were fools enough found who would go and unearth the distressed limb!

Art. XLVIII.—Acute Nephritis. By J. A. HENNING, M. D., Red Key, Indiana.

While this is not an uncommon disease, yet a country practitioner does not often have a case. However, we all should be well acquainted with its pathology and prognosis, as it is a dangerous disease.

Dr. Rayer has given different names to the disease, as it may occupy different sites. He calls it nephritis when the inflammation affects the substance of the kidney; pyelitis, when the pelvis and calyces are affected; pyelo-nephritis, when the glandular parenchyma and pelvis are jointly affected. But these distinctions are useless, as when we have acute nephritis, the whole kidney, one or both, is usually more or less affected.

When not traumatic, but caused by cold, it is usually ushered in by a decisive chill, followed by fever. Sometimes the patient may be chilly, with pyrexia, for two or three days before fever and pain are established. After the chill a severe pain will commence in the region of the kidney, which usually is of a tensive or tearing character, extending down the hypogastric region.

The fever and pain will continue uniformly without remission unless arrested. The pain is aggravated on lying on either side, or in the act of micturition or defecation, or upon moving about in any manner. The

urine at first may be little changed, but is soon somewhat suppressed, more or less difficult in micturition, and of a dark red color, and often tinged with blood, which is usually well mixed with urine. The specific gravity may be from 1030 to 1035. On the third or fourth day the constitutional symptoms are characterized by nausea, vomiting, constipation, skin dry and husky, temperature from 100° to 106°, restless with insomnia. If the disease is not arrested by the seventh to tenth day, typhomania, coma, and death by retention of urea will close the scene.

These are the prominent symptoms in the acute form. The diagnosis is easy; can not well be taken for lumbago or an inflammation of the psoas muscle, gravel, or nephralgia. The prognosis is favorable in the first part of the disease, but unfavorable in the last stage of the disease.

I can not give the treatment any better than to report the following well developed case:—

I was called about the first of last January to see Mrs. R. aged 37 years, married, never having borne any children, always been stout and hearty. She was sick a week before I saw her; was taken with a chill, being exposed in a rain storm. This was followed by fever, with intense pain in the region of both kidneys, and extending down the hypogastric region. She called in Dr. E., who pronounced it congestive chill, and prescribed calomel and sul. quinia. Still getting worse under this treatment, she sent for me. I found her suffering intense pain in the region of both kidneys, extending to the hypogastric region; difficult micturition, urine high colored, mixed with nearly one-fourth blood, and somewhat deficient in quantity, specific gravity 1022; bowels costive, pulse 96, temperature 103°, skin dry and husky, tongue inclined to be dry, with red stripes from tip to base. This striped tongue is peculiar to nearly all acute kidney diseases. I regarded the pathological condition of the kidneys at this stage of the disease, in this patient, with heat, redness, pain, and swelling—the hemorrhage being the result of the inflammation.

I prescribed for the patient—*R* Fluid Ext. Veratrum gtt. xxx., Gelseminum ʒss., Rhus gtt. xv., water ʒiv. M. S., take one teaspoonful every two hours, until her pulse was reduced to 70, then give at longer intervals to maintain it at that. Also, prescribed—*R* Acetate Potassa ʒij., Tr. Digitalis ʒj., water ʒij.; dose, one teaspoonful every six hours. Bowels to be kept open by using the improved comp. cathartic pill. Feet to be kept warm, diet light, with warm or hot applications to her kidneys.

In two days there was some improvement. I continued the above sedative, and kept the pulse at about 70. Discontinued the above diuretic, and gave ten-grain doses of gallic acid every six hours to stop the hemorrhage; also gave—*R* Fluid Ext Buchu ʒj., Tinc. Digitalis ʒj. M. S., dose, half teaspoonful every six hours, alternating with the gallic acid.

This treatment was continued, and in four days more she was convalescent, and at the end of two weeks she was discharged cured.

Let me remark that the above sedative is excellent in any form of sthenic inflammation; and the gallic acid is a fine remedy in hematuria in any form; while the buchu and digitalis are well known remedies in various diseases of the kidneys.

This treatment I can heartily recommend for this formidable disease. Of course the doses must be suited to the patient and severity of disease.

Art. XLIX.—A Case of Placenta Prævia without Hemorrhage. By L. VAN TRUMP, M. D., Bradford, Ohio.

On January 29th, 1880, I was summoned in great haste to see Mrs. B., who was about to be confined. Her husband came after me in great haste, saying she was very sick. I lost no time, and arrived at the bedside of my patient inside of twenty minutes from the time I received the summons, 1 o'clock, P. M. The lady had ironed all the forenoon, and prepared dinner for the family. Said she had had pretty severe pains for a couple of hours, but still on her feet and at her work. After eating some dinner she sat down to rest awhile, but in a few minutes she was startled by a gush of the liquor amnii, and a profuse hemorrhage.

The patient was placed in bed before my arrival, where I found her sitting in bed propped by both her hands, and still flowing profusely. Taking in the surroundings rapidly, I was satisfied that I had a case that would require prompt action. On making a vaginal examination, I found the os fully dilated, with a placenta protruding, evidently a case of placenta prævia. As near as I could tell, about one-third was detached and protruding through the os, with considerable wasting. In passing the hand further into the uterine cavity, it came in contact with both hands and the entire umbilical cord, showing without a doubt that the child was in the transverse position, and evidently dead, as there was no pulsation in the umbilicus, or any movement of the hands or fingers whatever, but perfectly placid and immobile. Convinced that the child was dead, I now made an effort to deliver by podalic version; but finding this operation impracticable, I determined to try cephalic version, according to Prof. M. B. Wright's plan of procedure, which accomplished the desired end in a little while. As the head entered the pelvic cavity one hand was forced down by the vigorous contractions, consequently the head and arm, preceded by a portion of the placenta and umbilical cord, were delivered at the same time. The child showed indications of having been dead at least three days. No unusual hemorrhage followed delivery. The patient was bandaged and placed comfortably in bed. I learned that on former accouchments she suffered a great deal with after pains; to correct which, and any inflammatory trouble that might supervene, I prescribed Tinc. Aconite and Tinct. Macrotys in the usual doses; and to counteract any septic trouble, I prescribed chlorate of potash.

I left my patient at 3 o'clock, P. M. quite comfortable, with a promise to return at 7 P. M., at which time I found her lying on her left side, eating her supper, feeling all right, as she expressed herself. I reproved her gently for her imprudence, and left her with a promise that I would see her again at 9 A. M. next morning, when I found her doing well—congratulated her on her doing so well. "O yes," she remarked, "I am feeling first-rate now, have just been up shaking up my bed."

She continued to do well, and needed nothing else only a mild cathartic to open her bowels on the morning of the third day after delivery. One of the strange features in this case is, she did not have any hemorrhage at any time during the latter months of gestation, and there was at least one-third of the placenta covering the internal os. And why the death

of the child when the mother was a stout, robust woman of only about thirty-five years. She is of German descent, and enjoyed good health and received no injuries during the period of gestation. I had called counsel, but before the arrival of the consulting physician, the lady was delivered and doing well.

Art. L.—“Little (Big) Things in Obstetrics.” By T. S. MORTER, M. D., Lafayette, Ind.

The above appears to be attracting the attention of our practitioners in various localities; and it is one well worthy the attention of every physician, whether he be in possession of a patronage in city or country. The principal “little things” appear to be forceps in delivery. With some physicians it does appear that the use of these is heroic, is essential, is professional. Well, we will grant this a fact in cases of dire necessity, but are instruments not often used when there is really no provocation? We will concede another fact, that there is more necessity for the use of instruments among delicate and feebly developed city females than among those in the rural districts.

In a practice extending over nearly twenty-two years, we are not only led to think such is the case, but we know it from practical observation that the forceps are often resorted to when they should not be. With those who are in the habit of resorting to the use of them in nearly all their confinements, the question might arise, how shall we successfully omit the use of instruments? Now we are not presuming that such men do not know how to dispense with the use of them, but they detest the delay incident to tedious labors; but tedious labors, convulsions, etc., can very often be avoided by proper care in time. Among our patrons we have endeavored to educate them to the necessity of females taking treatment for the last two or three weeks preceding confinement. We know that any female will progress better and make a better recovery by having such treatment.

While we have not had the pleasure of enjoying a practice in a very large city, we think what would be admissible in a city of thirty thousand, would also be in a much larger one. During our entire professional career we have only been compelled to resort to instrumental delivery three times, and we think we have not been wanting for business. Every educated physician can judge whether or not the stage of labor at which he finds his patient will permit him to make a call or two before his services are really required. We believe that often more or less harm is done by the use of instruments when the practitioner is not really aware of it; we have met with cases afterward in which we were positive that such had been the case.

That doctors as well as other business men fail in their judgment, witness the following: Mrs. S., in her fifth confinement, sent for us. We arrived about 9 A. M. The first utterance after we entered the house was, “Did you bring instruments and chloroform?” We answered in the negative: “none but these,” (holding up our hands). She requested us to dispatch a messenger at once for them, as two doctors in Ohio had told

her she "never would have a natural birth," the same two doctors having waited upon her in all four of her previous confinements. We told her we would wait a few moments, and see how matters were. We made an examination, and told her we would not send yet a while, not wishing to be too positive with her. Labor progressed reasonably well; we only administered a little ginger tea at one time, which served to increase the power of the contractions. By 12 o'clock we were through, and work all done. Now here is one case, and we might cite others, but to no purpose.

We concede the necessity of instruments in cases where there are deformities, etc. The best instruments in a great majority of cases are the digits, with proper treatment before confinement. We have seen excellent physicians refuse to attend lying-in patients, because they had not applied for treatment before the expected sickness. Simply because a woman feels well during her pregnancy, she thinks it wonderful if she does not have a nice confinement and good recovery. And some physicians also do not know any better than to think the same. But there is not anything strange about it. We say it again that *every woman* should take treatment from her expected attendant for three or four weeks preceding her confinement. Then infuse a little patience and judgment into the attending physician, and a very small percentage of deliveries will require instruments.

We are glad to know that the preponderance of physicians in the Middle States are opposed to the indiscriminate use of the forceps. We are also glad to know one thing more, that ergot is now fast being numbered with the things of the past as a parturient. Dr. Firth, in his article in the March number of this Journal, speaks very deprecatingly of ergot, yet further on in same article he speaks of administering it on top of another powerful stimulant. Further on he says, "What is needed is a good instrument, a clear understanding of the anatomy of the parts, and a correct judgment as regards the presentation, and you are always safe." In this I can not agree with him. We have had many students, and have always taught them to avoid the use of instruments, unless necessity compelled the use of them. And while the man that invented forceps did much for the race, that is no reason they should be used indiscriminately.

Art. LI.—Pomegranate as a Specific for Tænia. By W. W. JONES, JR., Remsen, New York.

Some time since a case of tapeworm came to our observation of which the patient had been suffering more or less for some time.

Some four weeks ago, the patient for the first time discovered portions of the worm being expelled with the fæces, and from that time up to the time the worm was expelled, portions were expelled at each evacuation; at one time as many as thirteen pieces were discovered.

Mr. T. consulted my preceptor (R. H. Wiggins, M. D.) who took him in charge, and on the 10th of March, administered Pomegranate root, $\frac{1}{2}$ lb., water 2 pts., boiled to one pint. Dose about 5 ounces, to which he added five drops of oil of Anise and one drachm of fluid extract of Jalap.

Before giving the above dose the patient was ordered to take an active cathartic so as to thoroughly evacuate the bowels, then the above dose was given.

In about twenty minutes after taking the dose the patient became nauseated, and shortly vomiting, but enough remained to destroy the worm and in fifty-five minutes after the administration of the first dose, a *Tænia* measuring 33 feet in length, head and all, was expelled.

In an hour later Mr. T. appeared as if nothing had happened, and no unpleasant symptoms up to this time.

This will certify to the article written by Prof. Locke of Newport, Ky., in the *Journal* of 1872, December number, that Pomegranate is *specific* for *tænia*, if properly administered.

Art. LII.—Scleroderma. By F. B. BREWER, M. D., Fairbury, Ill.

"A Little Boy's Flesh Growing Hard as Wood—A Rare and Wonderful Case of a Disease whose Cause is Unknown."

This is the heading to a report made before an "interesting class of students" at the College of Medicine in Cleveland, Ohio, not long since.

This rare and interesting case has a counterpart in our own little city. It is stated in the report above spoken of that but few, if any of the students gathered together then to examine this case knew what scleroderma meant. It would hardly be expected of any one who had not previously seen a case of this kind, or looked up the meaning of the term, to understand what we mean by scleroderma. It simply means a hardening of the skin. We were called last Friday to examine this interesting case. The little five year old son of Mr. Heckman submitted to our examination with all the grace imaginable. From the appearance of the child to the casual observer he enjoyed perfect health, but on close examination the skin looked sleek and glassy, and to the touch the sides of the face and neck were as hard as a board. The mother removed the wraps, and further examination revealed the fact that other parts of the body had assumed the same condition. The thighs were hard and firm as a piece of sole-leather. We found also upon the arm and body dark spots. The child does not suffer at all; in fact, the disease does not produce pain. Of course there must be in all diseases that have assumed a chronic form some constitutional disturbances. We cannot give a better description of the disease than to quote from Dr. Bennett, who described the case at Cleveland. He said it is a hardening of the skin, including the loose connecting tissues underlying the skin, between that and the other tissues. It consisted of dense white and yellow fibrous tissues closely connected together. This crowded all the other elements of the skin and subcutaneous tissues, narrowing the blood vessels which supply nutrition to the parts, and they become dense in structure, like a hard piece of sole-leather, with only a meagre supply of blood. Recovery in these cases is possible, but the general tendency is to continue and to become worse. These cases are rare. Dr. Bennett said on this occasion that but thirty-five cases were known in medical history, and he doubted if there had ever been a case where the whole body had been affected.

This is the second case we have been called upon to examine. The other case was a lady about thirty years of age. In this case the hardening was more extensive and severe than the one now under consideration. The abdominal walls had become entirely and completely hardened, and the case proved fatal. Mr. Heckman, the father of the child, is a strong and healthy man, and the mother is considered a healthy woman. The disease is not considered a hereditary one. There are two other children in the family younger than the affected one, and to all appearances perfectly healthy.

We were not the first physicians called, nor are we agreeing with any who have previously examined the case, in our diagnosis. It had been pronounced trichina by respectable physicians of this place. Then the child was taken to Peoria where it is supposed physicians are better posted. There it was pronounced elephantiasis, which means any one of several skin diseases that are attended with either destruction or deformity of the parts affected. There is no doubt that the doctor is correct. He takes the shot-gun plan so to make sure of the correctness of his diagnosis. He is a "regular," and as the naming of disease is all important in his method of treatment, he necessarily is specific as you see. As long as this habit of naming disease, and then prescribing for the name, instead of seeking for a pathological condition, and then acknowledging that there exists a wrong, and that the object of treatment is to correct this wrong, these differences of opinion will exist.

In this case, as in most cases, there is a pathological condition that is plain to any intelligent physician. What is desired is to bring about a pathological condition. This is also plain. The course to be pursued may differ, necessarily must differ. No one will deny that we want to arouse the secretions, increase elimination, and produce a free circulation through the parts affected. This accomplished and your cure is effected.

Now different individuals starting for New York might pursue different routes to reach that point. There are many railroads running from the west to New York. A person might go by either, and reach his place of destination in the same time. But what would you think of the man who would prefer the old stage-coach method of traveling? You would say he is far behind the times, that he is an old foggy, and ought to have been born two hundred years ago; that it is a mistake that he should live in this enlightened age. Just so we say about the man who prefers the old method of treating disease. He names it, and fires away with his old flint-lock gun. He is loaded for bears and if he does not kill the bear he may kill the fellow at the other end of the gun, in which case it would be a God-send to humanity. Now we say, all honor to the man who will take either of the improved routes to New York, so we say of the doctor who will recognize the wrong in the system, and then and there will try to bring about a pathological condition by some improved method of treatment.

Art. LIII.—Evolution. By J. E. HANBACK, M. D., Glasgow, Ill.

In the February number of the *Journal*, is an article upon the subject of Evolution. I must confess I was no little amused in reading the arti-

cle. The writer is evidently a neophyte struggling for more light in the field of pure speculation, a budding scientist perhaps, for he tells us that "The study of Ontogeny and Phylogony has done much to unravel the tangled skein of Cosmogony." I question whether Tyndall himself could improve upon the profundity of that thought. Again he says in substance, if Darwin can't assign to man his true place in nature he would like to know who can!—thereby showing an amazing faith in "a somewhat disjointed combination of theories and speculations invented to account for the origin, continuance, and variation of organized forms on the earth." In view of the last thought it will be necessary for the professor to lead his pupil gently in the field of "mere invention," the study of which is so "engaging."

Now, as it is perfectly right to discuss all questions in physical science, so far as they are helpful to the physician and surgeon, yet I question whether it is strictly within the province of a medical journal to treat upon topics that all must admit lie entirely within the field of speculation and theory, and that trench upon the unknowable, so far as man's efforts are concerned.

But as the bars are down, with your permission we will enter for a few moments; not, however, with the thought that our views upon this subject are entitled to any special weight. In the use of the terms "development" and "evolution," as they are applied to the theory of evolution, there is evidently a most mischievous fallacy. Taking the words literally can there be anything evolved that has not been involved, or developed that has not been enveloped. The budding flower is a good example; the parts are there, they are enveloped in an outer covering, and when the flower has bloomed it has developed. Development and growth coincide. They imply that the parts already existed, and then expansion and growth simply indicate enlargement.

In the theory of evolution and development, however, these words are used as equivalent to growth, where there has been no pre-existing parts to develop. If we say that the chick grows in the shell, we simply express a fact with no implied theory; but if we say it was devolved or evolved, and mean by it that the parts existed before, or mean by it anything except that they appear by a process of which we know absolutely nothing, we say that for which we have no evidence. The chick was not in the shell either actually or potentially. What we know, and all we know, is, that there is in the egg a capacity of commencing, on certain conditions, processes by continuance of which the chick comes to be.

No latent force in the laws of nature would be likely to bring something out of nothing. But the main interest of this theory centers in the explanation it is supposed to give of the origin of species, and especially of man. For the discussion of this question there is neither time nor space. It is enough to say that man is spoken of as originating from the monkey, either suddenly or gradually; as if it would be sufficient if some one man had thus originated. No; there must have been simultaneously a man and a woman or the species could not have been perpetuated, and the chances against this, for any mere tendency or operation of natural law, are beyond the power of computation. Well does the scrip-

tures say, "Male and female created he them." Evolution, then, can give no account of anything. It can give no account of the origin of matter, of life, or the forms in which life works. What is called evolution, may be, and seems to be, a method by which God works to some extent, but beyond that, as a rational account of anything, it is an utter failure.

And when we are told that the human brain is nothing more than a kind of mind and soul elaborating battery—a chemico-vital machine for the manufacture of mind, soul, and spirit; we presume the majority of unbiased thinkers would simply regard it as an example of mind sacrificing itself to a monstrous delusion. All who have watched with any attention the course of scientific thought and utterance during the past few years, must have been persuaded that the issue must be squarely made whether there be anything higher and nobler than may result from the concurrent action of natural forces; whether there be a God, a moral law, or a future life. That ultimate issue has been reached. Believers in God, and a human soul, and a moral law, and a future life, while they do not shrink from the ordeal, are glad that at last the radicals in science have spoken squarely out so that there can be no doubt as to what they really mean.

Prof. Tyndall finds the beginning of all sure knowledge, as regards either mind or matter, life, soul and God, in the atomic philosophy of Democritus. Time and space will not permit to show the application these radicals make of their theory in trying to show how from purely natural action such results as they claim, follow. It would be a curious instance of the facility with which men believe that to be true which they are resolved shall be true. In the ultimate atoms of matter with the properties they inherently possess, Prof. Tyndall finds all that is necessary to explain alike the constitution of the universe, the forms and functions of organic life, the manifestations of intelligence, the emotional, moral and spiritual phenomena of that which we have been accustomed to denominate a human soul. Of course this is a most astounding proposition, and yet this is just what the man believes as well as all others who take his *ipse dixit*. All that we see in the world of matter, or in what we have been wont to call the world of mind, is traceable through processes of development and "evolution" to that original concurrence of material atoms, in which, striking against each other, in their fall through infinite space, their mutual action and reaction began. Properly speaking there is no mind, there is no soul, no spiritual being, no Creator, and no creation. There is only matter with its properties, and from the material atom all things proceed. It has evidently never occurred to these believers in science so-called, that if the soul is material, and our thoughts as well as our power of thought are the resultant of the action of purely material law; if there be no being in the universe higher than man, and all that there is in him is simply a development of material causes and effects; then, in such a case, the sanctity of human relations, the obligations of morality, lose all their highest authority, and religion, worship, prayer, faith, duty, with the immense good results they bring, are pure delusions. If we originate in this way, why not at once all exclaim, "Let us eat and drink for to-morrow we die." No, the truth is, the facts

are against the theory; in all their stubbornness they contradict and denounce it. And the facts must ultimately carry the day; for the truth of things is with them, and the theories that denounce them must in the end go the wall.

Art. LIV.—An Overdose of Laudanum. By E. H. STEVENSON,
Beebe Station, Arkansas.

On the 22d of last August little May, aged 8 months, was troubled with a bad diarrhoea, and her mother having to take her a long journey that day, concluded to check her bowels with a dose of laudanum. When she examined the vial she found the fluid had evaporated and left a hard gummy residue in the bottom, which she thought was much weaker than before. After adding a small quantity of warm water to it and shaking, she gave the infant about one teaspoonful of the solution. One hour later found little May at my office and almost lifeless. Her face was expressionless, pulse hardly discernible, and the pupils of her eyes contracted to nearly the size of a pin point. I saw at a glance that little May was nearing her long home, and what was to be done must be done quickly. I thought of what Prof. Scudder used to tell the boys to do in cases of feminine suicidal attempts from the same drug. I accordingly procured a handkerchief and a pan of ice-cold water, turned the clothing from her shoulders and commenced slapping on one shoulder, then on the other, until she would cry. The same thing was repeated over and over again as often as she would sink into a profound stupor. During the time I gave her draughts of strong coffee. I also gave Belladonna gtt. ss. every fifteen or thirty minutes until six doses had been given. For three hours the little patient was annoyed by the sharp stroke of the ice-cold handkerchief, and often it seemed as if she was entering the sleep that knows no waking, but that handkerchief vigorously used would elicit a sharp scream which seemed to delight all present, and especially your humble servant. I never like to hear a baby cry, simply for the fun of the thing, but could not avoid being delighted at it in this instance.

She was brought to my office at 8 o'clock A. M., and at 11 o'clock the little patient was wide awake, with a good circulation, flushed face, flushed shoulders, flushed neck and breast. She only suffered from a little soreness for a day or two, and is now enjoying good health.

Art. LV.—Pharmaceutic Deterioration. By DELX A. ROHN, M. D.,
Defiance, O.

Prominent among the evils the physician has to contend with, and a frequent cause of failures in practice, is the employment of impure and worthless pharmaceutical preparations. The indifference of the purchasing druggist in relation to this, is too frequently manifest in the unreliability of his purchases. Quantity for the money invested, rather than quality, apparently being the object. Investigations become startling when we place such agents in the balance with human lives. Happily for us there are some exceptions, but such should be the rule. Exami-

nation of five different preparations of the resin of podophyllum resulted in obtaining but two that were good preparations, while the remainder we found so uncertain that they were discarded as unfit for medicinal purposes.

Preparations of bismuth, hydrastia, rhubarb, salicylic acid, leptandra and others have, on trial, been found quite as objectionable. Leptandra is exhibited in various shades of brown and occasionally persists in solidifying though the utmost caution be used. Having been thus annoyed with two different preparations, I entered a drug house and inquired for a good preparation of the drug. The obliging druggist replied, "Oh yes, we have it from a reliable house, —& Co. Detroit." My previous purchase of the drug was from the same house, and with as much gravity as I could assume, I inquired if it would *fossilize*. Shaking the box and detecting a suspicious sound he replied. "I'm afraid it does." From the same house, chionanthus, aconite, phytolacca, and a few other fluid extracts have not proven themselves *par excellence*; the phytolacca becoming so thick that I did not care to experiment with it. One does not like to reflect much on such incongruities, for, aside from the disappointment in practice, they are a complete loss financially. Calling to see a physician recently, who had been very sick for several days, and yet the unpleasant symptoms continued to increase, notwithstanding he had taken three grains of calomel and a grain and a half of podophyllin. His tongue indicated the latter drug strongly, and his head was dizzy and mind confussed. I examined his podophyllin and concluded that a grain and a half of corn meal would have been as efficacious. From my own case the compound powder of the drug was administered with the desired result. Looking further I noticed that his opium vial contained three different preparations of opium. Being interested in the subject I inquired in regard to his experience in obtaining pure drugs and learned that it was a source of much annoyance to him; frequently having to discard some preparations and replace them with others.

From a Chicago house I have tinctures of aconite, veratrum, belladonna, rhus tox., gelseminum, pulsatilla, and gossypium, that proved very unsatisfactory, even when given in doses twice as large as those of the specific tinctures. I found the gossypium entirely too thin, and made no attempt to use it. It had the appearance of water and iron rust, and any one who had been accustomed to the beautiful preparations of Merrell, Thorp & Lloyd, would readily detect the fraud. I have found no preparations of rhamnus and grindelia that equal those from the house of M. T. & L. and my patients complain when they have to take other preparations. I have yet to detect the first disappointment with their specific tinctures and always prefer them because they can be administered in smaller doses and are always reliable. A lady called one day and inquired if I kept drugs from the above named Cincinnati house; replying in the affirmative she then showed me a prescription she wanted filled, and her physician who resided in a distant state, told her she would probably have to send to Cincinnati for two of the ingredients, or get them of some one who kept the preparations of M. T. & L. Thinking she could get them in Ft. Wayne, Ind. she went to four different drug houses,

but did not succeed in obtaining them. Three of the druggists concluded that it was a myth, but the fourth decided that he had read of them in some journal and that they were new preparations. I have experienced a similar difficulty in obtaining some of the new remedies that I may have occasion to use ere I can get them from Cincinnati.

There should be no strife between physicians and druggists, each should assist the other, co-operating not only for the welfare of mankind, but for their own interest as well. Definite medicines are agents of precision and give definite results.

With them the physician will sustain fewer losses in practice, less anxiety of mind, and better health financially.

Art. LVI. — Characteristic Indications for Remedies. By
A. H. EHRMANN, M. D., Cincinnati, O.

(The remedies named are prescribed in the first to the third attenuation or dilution; ten drops or grains being added to a half glass of water, the dose being a teaspoonful.)

Ipecacuanha.—Constant sensation of nausea, with vomiting of mucus, bile, or blood; the nausea continues after vomiting. Colic and diarrhoea, stools look like yeast, smelling sour. Suffocative attacks of breathing, respiration oppressed, anxious, quick; cough, with rattling of mucus in the bronchial tubes. Threatened abortion, with sharp pain in the umbilical region, nausea, and discharges of bright red blood; metorrhagia; menstruation early and too profuse. Intermittent fever, nausea and vomiting predominate; chill with thirst, followed by fever; cases in which quinine has failed.

Iris Versicolor. Sick headache, with vomiting of mucus, tasting sweet; fullness and heaviness of the head, head and face cold; colic relieved by bending forward; brown and very offensive diarrhoea, with cutting pains, nausea and vomiting, emission of foetid flatus.

Kali Bichromicum. Aversion to mental and muscular exertion; violent headache, with loss of vision and aggravation from light and noise; periodical attacks of some lateral headache, smarting, burning pain in the eyes; dryness and feeling of sand in the eyes; discharge of foetid pus from the ears after scarlet fever; violent stitches in the ear; chronic nasal catarrh, discharge of tough greenish masses from nose, very foetid, with loss of smell; ulceration and perforation of the nasal septum; expectoration always tough and stringy. Croup, whooping-cough, diphtheria.

Kali Carb. Sharp stitching pain in any part of the body, especially in the chest and bowels; oedematous swelling between the upper eyelids and eyebrows; inflammation and swelling of the parotid glands; dullness of hearing, cracking, whizzing and roaring in the ears; very sleepy while eating; nausea relieved by lying down; disgust for food; constipation, as if the rectum was too weak to expel the stool; itching of the anus during and after stool; feels badly before an evacuation. Organic disease of the heart; burning and pain in the region of the heart; hydrothorax, ascites; menses scanty or suppressed; pneumonia, with stitching pains.

Kali Hydriodicum. Bones swollen and very painful; headache where

the cranial bones are swollen and sensitive; oedematous swelling of the eyelids, with lachrymation; redness and swelling of the nose, with constant discharge of watery, acrid, colorless fluid; tongue and gums swollen; sensation as if the teeth were elongated; goitre; submaxillary glands swollen; stomach inflamed, burning pain with eructations of wind from stomach; atrophy of the testicles and mammæ; hoarseness; short, dry, hacking cough, especially when lying down; hemorrhage from the nose, lungs and rectum; desire for the open air; small boils on the neck, face and chest; papulous eruption on face and body. Antidotes the bad effects of mercury.

Lachesis. Nervous irritability, easily affected to tears; headache from being in the sun; diphtheria or sore throat beginning on the left side, and extending to the right; marked aggravation after sleeping, especially in croup; typhoid fever, with epistaxis or hemorrhage from the bowels; blood dark, and particles of blood look like charred straw; sufferings incident to change of life in females; flashes of heat all day, and chilliness on retiring at night; inflammation and abscess of the liver; constipation, with ineffectual desire to evacuate, stools very offensive; asthma, attacks periodical, can not lie down; pneumonia; rheumatism of the heart; apoplexy; chronic sore throats, with sensitiveness of the larynx.

Laurocerasus. Palpitation of the heart, with attacks of suffocation, relieved by lying down; violent pain in the stomach, with loss of speech; easily put out of breath by exercise; pulse small, slow and irregular, often imperceptible; cyanosis; want of natural heat; painless paralysis of the limbs; urinary difficulties, with very slow flow of urine; thick reddish sediment in the urine.

Leptandria. Black fluid stools, great urging, with difficulty in retaining the stool; cutting pains about the umbilicus; stools like tar; chronic diarrhœa, worse in the afternoon.

Lobelia Inflata. Nausea and vomiting, with flow of saliva; sensation of a lump in the throat, impeding swallowing; asthma with burning feeling in the chest and tightness; urine deep red color.

Lycopodium. Desponding, melancholy mood; extremely sensitive; great accumulation of flatus in the abdomen, with loud rumbling; loss of appetite, a very little satisfies, with a feeling as if having eaten a great deal; sour vomiting; affection of the liver; urine clear, but depositing a sediment of reddish sand, like brick dust; pain before urinating; affections of the throat, beginning on the right side and extending to the left; diphtheria; pneumonia, with noticeable motion of the alæ nasi; consumption; great debility.

Magnesia Carbonica. Sour taste and sour vomiting; loathing of food; burning in the throat; green, watery diarrhœa, stools resemble the green scum covering a frog pond; sharp pain in abdomen before stool; neuralgia; pains aggravated by talking or by mental exertion.

Magnesia Muristica. Constipation; large, dry, difficult stools, crumbling after leaving the anus; fainting nausea; eructations tasting like onions; amenorrhœa with sleepiness, hysterical symptoms.

Mercurius Vivus. Mouth and tongue sore; great flow of saliva; offensive breath; spongy, easily bleeding gums; caries of the jaw; looseness

of the teeth; tongue swollen and border indented by the teeth; glands of throat swollen and painful, especially when swallowing; jaws stiff and sore; painful swelling of the bones; caries, chancre, syphilis; skin moist, perspires easily; stools black, undigested, consisting of mucus and blood; dysentery, bloody mucus stools with tenesmus and colic.

Muciatie Acid. In typhoid fever, when the patient has a tendency to slide down towards the foot of the bed; great debility; diarrhoea with great itching and soreness of the anus; hemorrhoids excessively painful to the touch, bleeding profusely; involuntary discharge of feces while urinating; sad and silent during the menses; early and profuse menstruation; scarlet fever, rash intensely red with great dizziness; sore throat, foul breath, acrid discharge from the nose.

Natrum Murioticum. Melancholy, sad, weeping mood; violent headache, as if the head would burst; periodical headaches; falling out of the hair; burning sensation on the vertex; dimness of vision, the letters appear to run together when reading; smarting and burning of the eyes; eruptions on the lips and around the mouth, especially in intermittent fever; profuse flow of limpid mucus from the mouth; strong aversion to bread; failing of hunger, but no appetite; loss of taste and smell; nausea and vomiting; constipation, stools voided by great straining; stools dry and hard, or like sheep's dung, with much soreness about the anus, herpetic eruptions about the anus, itching and burning; hemorrhoids with constant oozing of moisture, pain lasting a long time after an evacuation; intermittent fever, with chilliness and great thirst, afterwards violent, and thirst followed by excessive headache, at last profuse sweat; morning chill about 10 o'clock, commencing at the feet; intermittent fevers after the abuse of quinine; great weakness and disinclination to move; emaciation.

Nitric Acid. Irritable disposition; headache, relieved on lying down or riding in a carriage; pain in the bones of the skull, worse at night; hardness of hearing, relieved by riding in a carriage or in the cars; fetid, yellow discharge from the nose, bad odor from the nose, complete obstruction of the nose; sore throat on swallowing, with sensation of a sharp splinter in the throat; putrid smell from the mouth; the urine has an offensive, strong odor, resembling horses' urine; bad effects of frost-bite; caries.

Nux Momehata. Hysteria with drowsiness and disposition to faint; sudden change from gayety to soberness; tendency to laughter; great dryness of the mouth and tongue without thirst, complaints accompanied by great sleepiness; fullness of the stomach, with oppressed breathing; colicky pains; toothache from cold damp air; uterine hemorrhage, blood thick and dark; amenorrhoea from getting wet; palpation of the heart, with attacks of fainting.

Nux Vomica. Irritable; inclined to find fault, disinclined to talk; wants to be let alone; nausea and vomiting; constipation, large difficult stools; uneasy feeling as if the bowels ought to move, ineffectual efforts to pass the feces; painful hemorrhoids; loss of appetite; restless sleep, wakes at 3 A. M.; eructations and heart burn; violent hiccough; colic of whiskey and coffee drinkers; cannot bear the clothing tight around the

waist; incarcerated hernia; menses early and profuse, dark blood, with pain in the small of the back; dysentery, stools small and frequent, with ineffectual urging; retention of urine; suitable to persons of sedentary habits.

Opium. Mania; delirium tremens; frightful or pleasing visions, alternating with stupor, steady stertorous breathing, with half open eyes; bad effects of fright; congestion of blood to the brain, with strong pulsations, staring look, glassy immovable eyes; apoplexy with deep snoring breathing, mouth open; paralysis without pain; trembling and twitching of the limbs; constipation, stools in round, black, hard balls; all ailments accompanied by sopor.

Petroleum. Skin diseases; herpes; itching, sore, moist eruptions; ulcers difficult to heal, containing proud flesh; strong aversion to meat and fat food; nausea when riding in a carriage; sea sickness; hardness of hearing; rheumatic stiffness of joints.

Phosphorus. Very weak, empty feeling in the abdomen; heat up the back; constipation, long, hard, and dry stools which are expelled with difficulty; sour eructations and sour vomiting; desire for cold food and drink, which is vomited as soon as it becomes warm in the stomach, vomiting of blood; watery diarrhoea, coming away in a gush, followed by a sense of weakness, sharp, shooting pains in abdomen; hoarseness, loss of voice, croup, bronchitis; hard, tight, dry cough, which is very exhausting, worse from lying on the back or left side; expectoration salty, bloody yellow, purulent or of sour taste; more expectoration in the morning, pneumonia, respiration oppressed, quick and anxious; circumscribed redness of the cheeks; phthisis pulmonalis, particularly in tall, slim persons, pulse rapid.

Phosphoric Acid. Perfect indifference; silent sadness; home sickness, with inclination to weep; painless diarrhoea, lasting a long time; involuntary stools; profuse secretion of watery urine; bad effects of sexual excesses; bad consequences of grief, sorrow, or unfortunate love; spermatorrhoea; inflammation and swelling of the bones; caries; profuse perspiration.

Phytolacca. Syphilitic and mercurial rheumatism; nightly pains in the tibia, with nodes and irritable ulcers on the leg; sensation of roughness and rawness in the throat; feeling of a lump in the throat, causing a continuous desire to swallow; deep ulcers on the tonsils or base of the tongue; very offensive odor, and great pain on swallowing; habitual constipation, feeling of fullness in abdomen before stool; capacious flow of urine; albuminous urine; inflammation, swelling, and suppuration of the mammae; very painful menstruation in barren women, subject to rheumatism; shreds of membrane are passed with the menstrual flow; ulceration of the cervix; eczema capitis, with intense itching.

Platina. A proud, haughty mental condition; hysteria; menses too early and too profuse, with dark clotted blood; nymphomania, especially in lying in women, with voluptuous tingling in the external and internal sexual organs; painful sensitiveness of the female genital organs; chilliness predominates; pruritus; voluptuous tingling in the vulva and abdomen, with oppression, anxiety and palpitation of the heart; lead colic.

Art. LVII.—Guarana in Headache. By G. A. MUELLER, M. D.,
Princeton, Wis.

During the past two years I have administered this drug for the relief of the above disorder. Of course, at the outset of so doing, I met with unsatisfactory results, simply because I had not yet learned which class of cases it would cure. Later, the results of its use have been very gratifying and positive, or specific.

I will not attempt to give the indications for it in a catechismal form, but shall state the cases. Most frequently the patient will be a female, who, by frequent child-bearing, mental and physical over-exertion, has exhausted the system; she is pale, circulation weak, in fact all the processes of life are feebly executed; the stomach is in a fair condition; even minor disturbances will occasion a spell of headache (mainly frontal, but passing to vertex) of a sickening character; efforts to do mental labor will increase the existing trouble. This phenomenon is relieved by refreshing sleep, if such can be obtained. To all appearances there seems to exist an anasarcal state of the cerebrum. Here I prescribe Guarana ʒj., simple syrup ʒj., one teaspoonful every ten to fifteen minutes until relieved, and am confident that such will follow.

Guarana is a cerebral stimulant of great power; this I am satisfied of, and hence I do not prescribe it in headache the results of colds or determination of blood to the brain, nor will it relieve the condition depending upon a foul stomach and constipated bowels.

Will some of my brother physicians procure and use this remedy, and in due time report through the *Journal*—possibly give the indications in a simpler and more comprehensive form. The preparation employed by me is the fluid extract of Allair, Woodward & Co., Peoria, Ills.

PERISCOPE.

Martin's Elastic Bandage. By W. W. DAWSON, M. D., Cincinnati.

Martin's Elastic Bandage is another important and valuable contribution to surgical resources, one destined to revolutionize the treatment of inflammation and congestion of the extremities.

As a dressing it is exceedingly agreeable to the patient, giving such uniform support to the part that a sense of relief and comfort attends its application. Care is demanded in its use, but it does not require that skill which is absolutely necessary for the efficient adjustment of the common bandage. After one or two lessons patients are qualified to apply it and to regulate the amount of pressure. Undue pressure is but seldom made, so exactly does the elastic structure adapt itself to the part covered.

From disease or injury a limb is engorged with blood, and we say the inflammatory process has begun; this is the initiative; this is inflammation or congestion in its simplest form. As the case progresses other changes occur, the blood-vessels become enlarged and elongated, their walls thinned, the contents begin to escape, leucocytes show a tendency

to migrate, to escape into the connective tissue; then come swelling, tension, effusion, plastic and purulent—the accidents which follow engorgement. By the elastic bandage the redundant blood is driven out of a limb, and by it a re-accumulation is prevented. Heretofore we attempted this by the ordinary roller, but irregular support at one place, and strangulation at another, was the too common result.

In addition to this control of the blood, the elastic bandage gives such support to the capillaries and absorbents that effusion is soon taken up, swelling disappears, and ulcers close. The action is as striking in the chronic as in the acute—in an old ulcer as in a recent erysipelas, in a sprained ankle as in an inflamed finger, in an œdema as in a phlegmonous infiltration; in short, the products of inflammation more rapidly disappear under its action than by any measure or measures heretofore in use.

Again, it is of value where mechanical support is required, as in an exhausted bursa the surfaces may be kept in contact until adhesion occurs, or in a chronic dropsy of a joint where pressure is needed to prevent the weeping of the serous membrane.

Acute Erysipelas of the Leg.—I applied the bandage to a case of this kind, marked by all its peculiar symptoms, redness of the skin, great tension, effusion into cellular tissue, a well developed phlegmonous state with a tendency to diffused suppuration. Under the application of the bandage the limb, in twenty-four hours, had assumed almost its normal hue, temperature reduced, and the swelling had to a very great extent disappeared. This was the first case of acute disease in which I tried it, and the result was most gratifying; a case, the natural history of which requires from two to six weeks, was cured in less than three days.

Aborted Whitlow.—Gross justly remarks that abortive measures have seldom succeeded in this ugly affection, for the tendency is rapidly to suppuration. With the elastic bandage both the deep and superficial varieties may be aborted. If used early suppuration will be prevented, but if time has been lost, the suppurative action may be arrested, and the case rendered comparatively insignificant—that is, comparatively painless.

For the fingers and on the limbs of children, a very light bandage must be used. Finding that of Martin too heavy, I procured what is known in dental parlance as "rubber dam," and cut it into strips suited to each case. The lightest variety is sufficiently strong for use upon the fingers. Care must be exercised so as not to *prevent* but to *control* the circulation in the part.

Sprained Ankle.—It has long been said that a sprained ankle is more to be dreaded than a broken leg. What occurs in a case of this kind, and how does the elastic act? In a sprain the ligaments are ruptured to a degree, small blood-vessels are broken, hemorrhage occurs in the peri-articular tissues. This escaped blood is a foreign body, and so acts; it generates, however, in the structures around and within the joint an inflammation of a subacute form, and although possessing but little conservative or reparative power, it seldom tends to a destructive, to a suppurative action. The swelling is not great, but it is firm, what might be called stubborn. When the bandage is applied the change is as marked as it is gratifying; it is as efficient in the ancient as in the recent case.

In reply to the question how it acts in these cases, it may be said that it arrests at once the inter-tissual hemorrhage, and it supports the absorbents in taking up and carrying off the effused substances. A few hours are sufficient to reduce the acute case, a few days are necessary to bring about the same result in a case of long standing.

Compound Fracture of Thumb.—A man presented himself at my office one morning with the end of the thumb almost severed; the cut was oblique, and divided skin, muscles, and bone; a small portion of skin was left on the ulnar side. I replaced the parts, and applied the "rubber dam" bandage; no suppuration occurred, and in a few days the union was complete.

Hydrops Articul.—All surgeons know how difficult it is to cure these cases without resorting to intra-articular injections, a practice always hazardous. The fluid drawn off soon re-accumulates; this is repeated until the surgeon is worn out, and resorts finally to an irritating injection. The bandage here acts promptly by its mechanical compression of the hyper-secreting serous membrane.

In a case of this kind, pure hydrops articuli, not chronic arthritis, it had had no "John the Baptist" in the shape of acute inflammation of the joint forerunning it, being chronic *de novo*. I evacuated the fluid, applied the bandage, compressed the serous sac so that it could no longer weep; change occurred necessarily, no further effusion. The case was positively relieved.

Diffuse Suppuration—This form of inflammation, following injury or disease, is promptly relieved by the judicious application of the bandage, the tissues are supported, the blood-vessels are compressed, proliferation and migration cease, and the effused material is absorbed.

In this condition the elastic must be frequently changed, so that the parts may be removed and the enclosed parts cleansed.

Indolent Ulcers.—These may be treated successfully, promptly cured, and the patient allowed to attend to his ordinary business. All practitioners know what difficulties have been encountered in the treatment of ulcers of the leg. In all plans rest is an essential element. The grafting process and the canal of Nussbaum have been most efficient, but to succeed with them the patient had to be confined to the recumbent posture. What a comfort it is to the patient, as well as a convenience, to close an ulcer of long standing without depriving him of one day's loss of time.

Acute Arthritis.—Whether the inflammation be the result of a trauma or from rheumatism, the bandage rapidly restores the joint to its normal condition. I have had the most gratifying results in dislocations of the elbow associated with great injury to the soft parts. With our best efforts heretofore, ankylosis has too often resulted. The elastic controls the blood supply, and hence the degree of inflammation. It is kept at the reparative point, this side of that of suppuration or of too much plasticity. Passive motion for the protection of the function of the joint can be much sooner instituted.

Weight, Length, and Strength of the Bandage.—Some care is necessary in selecting the bandage, as to its length, width, and weight, and mode of application.

1. The limb should not be doubly covered, except where the bandage laps.

2. The ordinary bandage of Martin is not too strong for the inferior extremities, but one of lighter make is better adapted to the arm and forearm.

3. The "rubber dam" is sufficiently heavy for the fingers; a thicker one acts too powerfully on the circulation, and makes too great pressure on the granulations.

4. Children require a lighter bandage than adults. The variety suited to the arm of the adult will be heavy enough for the leg of the child.

5. The width of the bandage must be regulated according to the part to be covered; it may range from one to three and a half inches.

Mode of Application. But little force must be used in applying the bandage. As I said above, you desire to control, to regulate the circulation, not to prevent or obstruct it. In adjusting the heaviest elastic upon the leg, the weight is almost sufficient. Irregular pressure must be studiously avoided, the turns must press at all points equally. The sensations of the patient will often be a reliable guide in adjustment.

Inflammation of Ankle with a Strumous Tendency.—This little boy has an affection of the ankle, the result of an injury; the joint was struck several weeks ago, it was puffy and painful when I first saw it, and there was slight effusion in the sac.

The bandage, which you now see me apply, weighs one ounce and a half; it is two inches wide and three and a half yards long. I have been using it for less than one week, and you see the joint is almost if not quite normal. This change has been the result of the bandage alone; without it the low form of inflammation which had been established would have gone on for months, and perhaps for years, and have finally resulted in the destruction of the functions of the joint. Although the result of a trauma, the case impressed me as tending to a strumous degeneration.

This boy has not been restrained in his movements since he has been wearing the bandage. When presented at my office, one week ago, he was lame, and the joint tender, you now see that his gait is without a limp, and I handle the limb without giving him pain. Over the bandage he wears his stocking and shoe.

I have now, gentlemen, given you somewhat of my experience in the use of this recently introduced appliance. I think it would be difficult to overrate its usefulness. As I said in the beginning of the lecture, it is destined to modify the treatment of chronic and acute disorders of the extremities, and it may have a much wider range of utility.—*Good Samaritan Hos. Reports, Lancet and Clinic.*

Localization of Function in the Cerebrum.

M. Jaccoud, in the *Gazette Hebdomadaire*, relates two cases which he is of opinion tell against the view that there are separate centers in the cerebrum. The first case is that of a man, aged 42, with suppurative meningitis. The right hemisphere was very hyperæmic, but presented no adhesions of the meninges, but the pia mater of the left hemisphere

was infiltrated with pus, especially in the region of the central convolutions and central sulcus. The pia mater was adherent over the two upper thirds of these convolutions. During the last two days of life, the patient suffered from convulsions of the left side of the body, but there was no hemiplegia. M. Jaccoud sees in this case an example of unilateral convulsions in consequence of a stimulating lesion of the motor region of the same side.

The subject of the second observation was a woman, aged 83, who survived two days after an attack of apoplexy, and during this period suffered from hemiplegia of the right side, with anæsthesia. Speech was not disturbed, and death was the result of advanced phthisis pulmonalis. The left hemisphere was intact; the right presented an extensive flattened hemorrhage between the dura mater and the pia mater, covering the upper border of the hemisphere; so that the central sulcus was about its middle. No other lesion was visible. M. Jaccoud refers the hemiplegia in this case to compression of the upper parts of the central convolutions, but mentions also its occurrence on the same side.—*Lancet*.

Hypnotic Value of Lactic Acid and Lactate of Soda.

Dr. Dario Maragliano publishes the results of a series of observations on this subject in the *Rivista Sperimentale di Freniatria e di Medicina Legale*. The patients experimented upon were mostly quiet melancholics, with obstinate insomnia. The acid was tried forty-nine times, and the salt twenty-six times. In twenty-five cases lactic acid was given by the mouth in quantities of from one and a half to three drachms, with water and syrup; in none of these was there any beneficial effect. In sixteen cases from one and three-quarters to two and a half drachms were given in the same way about an hour before supper; in only two of these (dose one and three-quarter drachms) was the drug inert; in the other fourteen cases the patients went to sleep directly after going to bed and slept until the morning. In eight cases from two to three drachms of the acid, dissolved in water, were administered as an enema, sometimes before and sometimes after supper, but without producing any beneficial effect.

Lactate of soda (from two to four drachms, in six ounces of water, in divided doses), given in twelve cases after supper, produced no lasting sleep. From two to two and a half drachms given before supper, in four cases, gave equally uncertain results. Sound and lasting sleep was caused in four cases in which three or four drachms of the salt were given by the mouth an hour before supper, and consequently upon an empty stomach. The same quantity administered per rectum, in six cases, caused no sleep whether given before or after supper.

Both the acid and the salt were tried in three cases suffering from constant excitement and restlessness; they were administered under the most favorable conditions, as indicated by the results given above, but produced no effect whatever; later on, one centigramme of morphia was added to the usual dose, but equally without result; two centigrammes of morphia injected subcutaneously, in two of these cases, gave good results.

The author's conclusions are these:—1. Lactic acid, in doses of two to two and a half drachms, and lactate of soda, in doses of three to four drachms, given to quiet lunatics by the mouth, on an empty stomach, three or four hours before bedtime, are efficacious in producing sleep. 2. These drugs have no effect when the insomnia is accompanied by great agitation and excitement. 3. Lactic acid and small doses of morphia, when administered together, do not mutually enhance one another's effects, as has been stated to be sometimes the case. 4. The use of lactic acid and its salts as hypnotics for quiet lunatics is not to be preferred to that of those commonly employed at present (*e. g.*, chloral and morphia), on account of the following disadvantages: tardy action, the gastro-enteric disturbances which they produce, and their greater costliness. Dr. Maragliano's experiences in the use of these drugs quite confirm previous observations as to their very harmful effects upon the alimentary system.—*Lon. Med. Record.*

Local Treatment of Putrid Expectoration.

Putrid expectoration is an accompaniment of various chronic affections of the lungs, and especially of bronchial dilatation. In the worst cases of this latter affection, the patient is not only a nuisance to himself and his surroundings by the foul odor of his sputa, but the stagnation of the bronchial secretion on which its putridity depends is dangerous to himself in two ways—by the irritation and inflammation it is liable to cause at the seat of its occurrence, and by the infection of healthy portions of lung by inspiration of some of the putrid matter.

The uselessness of internal remedies in these cases is well known, and many of them have been and no doubt still are *opprobria medicinae*. Treatment by inhalation, especially of the terebinthines, has been tried, with a certain amount of success, more largely on the continent than in this country, but the method adopted has been faulty. A few drops of the drug has been poured on the surface of hot water, and inhaled for a few minutes two or three times a day, and a variety of cumbrous instruments have been suggested for this purpose. Two or three years ago, Dr. W. Roberts, of Manchester, described a simple portable "respirator inhaler," in the form of a metal box perforated in front and behind, and filled loosely with layers of tow on which the inhalation liquid was poured. This inhaler fits over the mouth, and is fixed by elastic bands over the ears like an ordinary respirator. The introduction of this instrument, although the medical profession as a body may have failed to recognize it, was undoubtedly a step in advance. It showed the practicability of a *continuous* method of inhalation.

This method has for some time been extensively tried with an inhaler similar in principle to Dr. Roberts', by Dr. H. Curschmann, late of Berlin, and now director of the Hamburg General Hospital, who has done much not only to popularize it, and to do away with objections to its use, but to prove its value in the most positive manner.

His respirator is made of vulcanite, and has a rim of soft India-rubber, where it touches the face, to insure close contact and prevent air

entering the lungs except through the respirator itself. Dr. Curschmann generally covers both nose and mouth, so that all air which the patient breathes is saturated with the vapor in the inhaler.

The substances used for inhalation, and which are poured on a sponge in the front of the cavity of the respirator, are all well known drugs—pure oil of turpentine, carbolic acid, and thymol, either pure or diluted with from one to three parts alcohol, and creasote. Dr. Curschmann's application of them differs, however, from what most practitioners are accustomed to, in his using them either pure or but very slightly diluted; and yet most careful examinations of the urine after the prolonged inhalation of oil of turpentine never revealed the least renal irritation; nor did the patients complain of any unpleasant symptoms, except occasionally a little oppression of the head and headache. The same is true of the use of undiluted carbolic acid, previously liquefied by a gentle heat. If care be taken to wipe the edge of the inhaler frequently where it touches the face, and to anoint the face itself with simple ointment, there is no local soreness; and Dr. Curschmann has never seen any irritating effect produced either on the inside of the mouth or on the larynx by the administration of the vapor of carbolic acid in so concentrated a form, nor has any instance of so-called "carbolic intoxication" occurred in his practice. This statement refers to adults, as he has had scarcely any experience with children. He explains the harmlessness of the pure acid when inspired, first by the small amount of it which evaporates and reaches the lungs at all; and secondly by the fact that the larger part is, very soon after reaching the dilated bronchi or cavities, expectorated with their secretion, and that the false membrane lining these cavities probably offers considerable resistance to its absorption into the system. Both carbolic acid and thymol evaporate much more freely in alcoholic solution than when pure; and Dr. Curschmann has almost invariably used thymol in this form alone. Alcoholic solutions of carbolic acid are more apt to cause paroxysms of cough than the undiluted acid. More patients, however, object to the use of thymol than of carbolic acid; but the former is, no doubt, safer for children's use than the latter.

Creasote never requires dilution, and on this point we are able to confirm Dr. Curschmann's experience, but it is very important to see that the druggist supplies a pure article. Curschmann prefers creasote in cases where there is a tendency to hæmoptysis; he finds that it not only has a styptic action and disinfecting properties as powerful as those of carbolic acid, but that its vapor is sedative and allays rather than excites cough. Incidentally he mentions that he has seen benefit result from creasote inhalations in the hæmoptysis of phthisis.

In illustration of the really wonderful effects of the continuous inhalation method in putrid bronchitis, Dr. Curschmann describes in detail two very severe cases of what in ordinary parlance would be roughly called "phthisis." In the first case the right lower lobe was affected, there was dullness to the angle of the scapula behind, with loud bronchial breathing, and abundant moist rales. The expectoration was very abundant, and so fetid that it was difficult to stay near the patient. Evening temperature 38.6° C., pulse 100. The patient, a man of thirty-

nine, had fallen away very much during his eighteen months' illness, and weighed only fifty-seven kilogrammes, though of large build. He was treated with inhalation of pure carbolic acid, at first for two or three hours at a time, and afterwards almost continuously. Within a few days the sputa had almost lost their fetor; within a month they were absolutely odorless. Simultaneously the temperature became normal, and the physical signs of dullness, etc., as well as the patient's general condition, steadily improved. Before leaving the hospital, and under inhalation treatment alone, he had gained nine and a half kilos, or about twenty pounds in weight.

The second case is quite as remarkable. A man of fifty-three, who had been ill some months with symptoms of phthisis, was admitted under Dr. Curschmann's care in November, 1878, with dullness, bronchial breathing, and medium-sized moist rales over the lower half of the right lung posteriorly. At one point percussion was tympanitic, and auscultation revealed signs of a cavity, which was proved to be such by tapping and drawing off some of its fetid contents. The patient expectorated about a litre of most intolerably putrid secretion in twenty-four hours. His evening temperature was 39° C., his pulse 112, and he suffered from night-sweats. He was treated throughout with almost continuous inhalations, first of oil of turpentine, and then of pure carbolic acid. In three weeks the sputa were quite free from smell, fever and night-sweats had left him, and he only spat up about one-third the amount on admission. As in the first case, there was an ultimate extraordinary disappearance of the abnormal physical signs, and the patient gained twenty pounds in weight during his scarcely six month's stay in the hospital. Except a little morphia for the cough just at the first, he took no medicine internally—no hypophosphites, no iron, no cod-liver oil. In both cases the successful result can be attributed to nothing except to the antiseptic treatment—for such it is—by inhalation. We commend the study of the complete history of these cases in the original to our readers, and urge on them a trial of the continuous method of inhalation in suitable cases. We have been surprised to find even physicians with a large *clientele* of lung patients unaware even of the existence of so simple and valuable an instrument as Dr. W. Roberts' respirator inhaler.—*Med. Times and Gazette*.

The Materia Medica of Antiseptic Surgery.

In an interesting lecture published in the *American Practitioner* (March, 1880, Dr. John Chiene, Surgeon to the Edinburg Royal Infirmary, gives the following description of the armamentarium used by Mr. Lister in his practice of antiseptic surgery.

The best form of carbolic acid to employ is the absolute phenol of Messrs. Bowdler and Bickerdike Church, Lancashire. Its advantages are that it has no objectionable odor, is readily soluble, and does not irritate the operator's skin; while the more crude and impure forms met with are occasionally so disagreeable and harsh that some of the German surgeons anoint their hands with vaseline before beginning work, in order to obviate this inconvenience.

Among the various preparations of carbolic acid we may first take up the solutions. There are two watery solutions—strong and weak. The strong consists of one part of acid crystals in twenty parts of water. It is used for washing and purifying the skin and instruments; for soaking sponges, drainage-tubes, and horse-hair, and for the steam spray. The weak, which is half the strength of the strong—one part of the crystals in forty parts of water—is required for washing the sponges during an operation, for soaking the “deep dressing,” and for dressing generally. These lotions should be filtered after making, and had better be kept in large, blue, glass-stoppered jars carefully labeled.

An alcoholic solution of the strength of one part of the acid in five of spirit of wine is employed for cleansing wounds seen a few hours after injury, and specially for those cases in which dirt and foreign matter have obtained access to the tissues.

There are two oily solutions. The weak—one part of crystals in twenty of olive oil—is used for purifying and lubricating urethral bougies, sounds, and catheters immediately previous to their introduction; the strong—of one part in ten—for applying to exposed dead bone, in situations where we cannot at once remove it, but have to leave it for some time *in situ*; for example, in necrosis of the flat bones of the skull-cap. In such cases a piece of lint soaked in the oil is laid on the bare bone and covered with a piece of gutta-percha tissue.

Antiseptic gauze is prepared by charging unbleached muslin of open texture with the following mixture (New Formula, 1879): crystalized carbolic acid, one part; common resin, four parts; solid paraffin, four parts. The last prevents adhesiveness. Paraffin does not blend at all with carbolic acid in the cold, and therefore simply dilutes the moisture of carbolic acid and resin, without interfering in the least with the tenacity with which the resin holds the acid. The acid is only given off in sufficient quantity when the gauze is moist and at the temperature of the human body.

To charge the gauze the paraffin and resin are first melted together in a water bath, after which the acid is added, and all are stirred together. We have now to diffuse this equably through the cotton cloth; and this requires, first, that the cotton be at a higher temperature than the melting-point of the mixture; and secondly, that it be subjected to pressure after receiving it. The gauze is therefore heated in a trough, and as layer after layer is turned over the hot mixture is squirted on by means of a large metal syringe furnished with a series of perforations at the end. Finally, a large heated block is allowed to descend, which accurately fills the trough and subjects its contents to pressure. The quantity of fluid mixture employed should be somewhat less in weight than the amount of gauze.

The prepared gauze is used for the large superficial dressing; in loose pieces for padding and dressing irregular surfaces; for bandages; and also when wet, wrung out of one-to-forty aqueous solution, for the “deep dressing.”

Mackintosh consists of thin cotton cloth having a layer of india-rubber water-proofing on one side. This should be evenly applied and con-

tinuous, so that the material is quite impervious. There are no holes in it.

Protective is made of oiled silk, coated on both sides with copal varnish, which renders the silk impervious to the air. Over this again a fine layer of carbolized dextrin is laid. The one-to-forty lotion, into which the protective is dipped before use, to wet, and so thoroughly purify the surface. It is neither aseptic nor yet antiseptic; hence the necessity of washing the edges of the wound clean, moist, and free from the infection before application. Its action is thus purely negative. The antiseptic employed, which, owing to the copal varnish, does not adhere to the wound; allows discharge to escape readily from the dressing; does not adhere, and so is easily removed.

Carbolized catgut is thus prepared: To twenty parts of crystals add two parts of water, and to this again add one part of olive oil. Place this mixture in a flask, and in this place the catgut. These should be kept, by means of a few glass rods, above the level of the watery deposit which occurs. Seal the flask hermetically and set them aside in a cool place. They may be used until five or six months after this, and the longer they are kept the better.

Carbolized silk is prepared by immersing a reel of silk in a wax containing about one-tenth part of carbolic acid. Draw the silk through a dry cloth as it leaves the hot fluid, to remove the wax.

All these various requisites should be kept by themselves. All other dressings—the gauze in a tin box; the silk in a jar; sponges, drainage-tubes, and horse-hair in wide-mouthed bottles; the lotion in its oil; and the gut in its oil.

The various forms of steam sprays employed are on the principle of Adams's steam inhaler. The boiler should be dome-shaped, and furnished with a safety-valve. It is filled by a tube inserted at the lower level of the dome, so that in filling it is clear for steam alone. It is a disadvantage when the water reaches the very summit; and in hospitals sufficient care is often not taken, the steam dome is encroached upon, and a jet of boiling water is thrown out in place of spray. The steam-pipe, provided with a stop-cock and ball joint, passes forward from the top of the dome to a fine point, through which the steam rushes with great force. The under surfaces of the steam point, at an angle of fifteen degrees, we have the carbolic point continuous with the upper surface. An India-rubber tube which leads up from the reservoir of the lotion. As the steam rushes out over the carbolic point, the lotion is sucked up, and the lotion thus sucked up is driven off in a fine spray which covers an area large enough for any ordinary operation. It is quite respirable, not wetting, and effective at a distance of several feet.

On arriving at a patient's house we fill the spray with the lotion to the base of the dome; never above this, and so we a

as I have remarked, of having the upper point blocked by particles of dust carried along in the jet water, which would ensue were the boiler overfilled. We light the lamp, noting that the wick is in good order and there is a sufficiency of spirit. We judge that steam is up if it escapes with great force and if it has a distinctly blue color, when we shut off all carbolic acid, which may readily be done by compressing the carbolic tube with the fingers, and so seeing steam alone. One has also the peculiar rushing sound, the smell and taste of the spray to guide him in ascertaining if all is in good working order. A small filter formed of a piece of sponge, inserted into the lower extremity of the carbolic tube, and secured in position by means of a gauze cap, will prevent the lower point from getting choked with dirt, which, falling into the open jar of acid, may be sucked up, and so cause trouble. Should the spray cease working, we may unscrew the points and affix the reserve pair found in the hollow handle, the wound being meanwhile protected by a "guard" consisting of a rag or piece of gauze soaked in lotion. In this way operative procedure is not hindered, and the defaulting points may be seen to and cleaned out with a horsehair or fine silver wire at a more fitting time. This is an accident that hardly ever occurs in private practice.

The other antiseptics employed are—

A solution of chloride of zinc (forty grains to the ounce of distilled water), introduced by the late Campbell de Morgan. It is chiefly used to brush over the cut lips of incisions and wounds in regions which we cannot hope to keep aseptic, as in excision of the upper jaw or lateral lithotomy. We may leave our dressing of strips of lint soaked in this solution *in situ* for forty eight hours, so potent is this salt; and in this way, thanks to its searching character and non-volatility, the pain and unrest of dressing is avoided, and a dangerous period, during which blood-poisoning from absorption might take place, is tided over. Considerable smarting and pain ensue after application, and this continues for a varying period, according to the temperament of the patient. The use of chloride of zinc for purifying ulcers will be referred to shortly.

Boracic or rather boric acid is used as lotion, lint, and ointment. It is non-volatile, very unirritating—in fact the least so of all antiseptics—but not at all searching. It may prevent, it can hardly eradicate putrefaction. The lotion of one part of the crystals in thirty parts of water is colored red with litmus, and thus at a glance we may distinguish it from other lotions. It is used for moistening the boric lint and for washing sores.

The lint is prepared by soaking ordinary surgeon's lint in a boiling saturated solution of boric acid, colored red with litmus. It is allowed to cool, the lint is hung up to dry, and the remaining fluid poured off and used as boric lotion. The lint is of a pink hue, and glitters with the soft flat micaceous crystals. In a similar manner we may charge bibulous paper or the paper lint introduced by Messrs. Wyeth, of Philadelphia. We moisten the boric lint with boric lotion before application, and this for the same reason as we also soak the deep dressing of gauze or the protective in carbolic lotion. The surface of the material may be covered with germs of all kinds, because the antiseptic is not acting. We destroy these organisms by our active lotion, and as the aseptic discharge finds

its way afterward into the dressing it dissolves and sets free quite enough of the stored up agent to render itself also antiseptic.

Boric ointment may be prepared by rubbing up one part of finely levigated boric acid in five parts of vaseline. It acts as a sort of antiseptic protective, and is specially useful in the treatment of wounds in the face, where it allows the discharge to escape, keeps the wound sweet, and never adheres.

An emulsion of salicylic acid in one-to-forty carbolic lotion was introduced by Mr. Lister for the purpose of checking the chemical changes which may take place under dressings which have been left unchanged for some time. These changes, due to a chemical action between the gauze and the discharges under it, the sweat, etc., give rise sometimes to a troublesome irritation and eruption, formerly dubbed *eczema carbolicum*. A very little salicylic cream smeared on the surface of the protective or deep dressing effectually disposes of this.

Puerperal Malarial Fever.

At a late meeting of the Medical Society of the County of New York (*Medical Record*, Feb. 7, 1880) Dr. Fordyce Barker read a paper on the above subject, of which the following is an abstract: Although the title of the paper has not yet been added to the nomenclature of diseases in medical literature, it is so descriptive of the etiology, pathology, and clinical phenomena of a class of affections which of late years had been so frequently met with in puerperal women in New York and its vicinity, that he employed it. The author of the paper then presented the character of the disease, its pathology, its differential diagnosis, and its treatment. By the kindness of medical gentlemen who had furnished him complete notes of cases which he had seen with them in consultation, and from those in his own private practice, he had the records of seventeen cases, and of these he gave a summary of the aggregate results and the conclusions to which he had arrived.

Puerperal malarial fever might make its invasion at any period following parturition, until the physiological changes which constitute puerperal convalescence were completed. The earliest development occurred in less than twenty-four hours after entirely normal parturition. The history of a case which occurred in the practice of Dr. Howard Pinkney was then given. The latest period of invasion was in one of his own patients, who had a normal labor in every respect, and her convalescence was so complete that he had begun to make weekly visits only. The details of the case were reported. The most prominent *symptoms* were chills, sometimes very slight, a temperature higher by one or two degrees, frequently, than was found in the beginning of any other puerperal disease, rapid pulse, greater prostration than was usual with other diseases during this period. After such an explosion, there was a remarkable remission the following day, but the alarming symptoms returned after one, two, or three days, yet usually less severe; only typical cases, presented such a succession of phenomena.

Dr. Barker was disposed to believe that in the majority of cases the

patient, three or four days after the explosion, finds herself suffering from a general sense of malaise, more or less of pain in the back, head, and bones, thirst, loss of appetite, insomnia; and when the disease was developed the chills were less severe, the pulse less rapid, the temperature not so high, and the remissions less marked; and he was also of the opinion that in such cases the disease was more persistent and responded less readily to treatment. In puerperal malarial fever a fall of temperature three or four degrees was always attended with a corresponding decline of other symptoms, which is not the fact in septicæmia, and the latter is rarely accompanied with pain in the head, back and limbs. He thought that a competent and intelligent observer would not be likely to mistake the affection, when developed six or eight days after confinement, for pyæmia, even though it was developed late during the puerperal period. Puerperal fever usually appeared between the first and the third day after delivery, and very rarely after the fifth day, while the chills were not recurrent, nor were there marked remissions of the symptoms. Malarial fever may be developed during the progress of any of the local phlegmasia, or may be complicated by them. In five cases, secondary hemorrhage occurred after the twelfth day, apparently as the result of the malarial fever. One of these has already been reported by Dr. H. T. Hanks. In one case, three days after the hemorrhage, purpura was developed, and there was some oozing of blood from the nasal and buccal mucous membranes. In four of the cases seen in consultation the chief reason why he was called was that the patient was supposed to have puerperal mania. The details of a case seen in consultation with Dr. Barker, of Jamaica, L. I., were then given. But one of the seventeen cases had terminated fatally, and that was in the practice of Dr. William H. Hall. The patient died on the forty-seventh day after confinement. The history of the case was given.

The author of the paper did not dwell upon the treatment, for the reason that the treatment of malarial fever is so well settled, and every physician of intelligence and sound practical sense appreciates the necessity for and the kind of auxillary measures which the symptoms peculiar to each case may require. He had found Warburg's tincture much more effective and speedy in producing the results desired than the largest doses of quinia. His method was to give it in half-ounce doses every four hours until the fever had entirely abated, and then continuing it in gradually diminishing doses until convalescence is perfectly established. On the least threatening of a recurrence a full dose should at once be administered. The tolerance of quinia in these cases is very remarkable. One patient received 80 grains hypodermically within twenty-four hours, and yet no symptom of cinchonism was produced. When given by the mouth it is usually combined with bromide of potassium, to prevent or modify the cinchonism.

Operation for Empyema in an almost Moribund Patient.

M. Moutard Martin (*Revue Medicale*, Nov. 1879) was called in to consult in the case of a little girl, aged 5, who eight days previously had been attacked with pleuro-pneumonia. He found the patient in a serious

condition. Her face and lips were blue, the cheeks pale, respiration incomplete and jerky, and the pulse was no longer perceptible. There was general anasarca, and the left side showed signs of effusion, filling the whole pleural cavity. It was doubtful whether any action should be taken, or whether it was not too late, and risk would be incurred of seeing the little patient succumb during the operation. M. Moutard-Martin, however, resolved to operate, and he performed paracentesis, which gave issue to a litre and a half of purulent liquid. The child did not die on the spot as was expected. Two days afterwards, as she had slightly improved, a very small quantity of pus was evacuated, because the cannula had become blocked up. On the third day all the unfavorable symptoms became aggravated; the spark of life which still remained seemed about to be extinguished, and complete asphyxia seemed imminent. One resource remained—the operation for empyema. The same serious difficulty now cropped up as in the first instance, but in accordance with the wishes of the family of the patient, M. Moutard-Martin wished to perform the operation for empyema, and incised the eighth intercostal space.

The patient felt absolutely nothing, so far advanced was the asphyxia, and a tube was inserted into the pleura. The operation was followed by a veritable resurrection; the general condition improved and soon became quite satisfactory. The appetite returned, and increased to such an extent that the child could not be satisfied; the quantity of pus gradually but surely diminished, and M. Moutard-Martin gave up his patient in a state promising complete recovery. M. Fereol has observed an analogous case in another child, who was diagnosed as being attacked with tuberculosis meningitis, and who seemed *in extremis*. An opening for empyema was about to occur spontaneously under the clavicle, when M. Fereol saw the patient. A purulent sac had been there formed which threatened to open speedily. M. Fereol performed the regular empyema operation, and the child was saved.

Flagellation in Obstetrics.

[The following is extracted from an article in the *Independent Practitioner*, Baltimore, by Isaac E. Taylor, M. D.]

The title of my paper is embodied in two propositions: Flagellation or spanking the child's back previous to its complete delivery, as a *preventive* of uterine hemorrhage; and flagellation of the abdomen of the woman after the delivery of the placenta, as a *substitute* for the introduction of the hand into the uterine cavity.

First—Flagellation or spanking the child's back moderately, every now and then, after the delivery of the shoulders, permitting the breech and the extremities of the child to remain in the vagina, and the feet thus placed in apposition with or in the cervix uteri, remaining for fifteen or twenty minutes or more without being withdrawn. Pressure over the uterus with the hand is to be avoided till the delivery of the child, which should be slow and gradual, as it might effect the delivery of the child before we have gained our object, and at the same time the spanking should be quick but gentle, and not too harsh, and continued until the delivery of the child is completed.

Second—After the delivery of the placenta, should hemorrhage occur, expose the abdomen, and flagellate it with a towel doubled up, the ends held in the hand, saturated or not with ice-water. Several rapid and powerful strokes should be made, when the unrecognized uterus will be almost immediately felt contracting or contracted, no matter how profuse or rapid the flow may be. In one instance, having ocular demonstration after the delivery of the placenta, the stream of blood was as large, full and rapid as that which flows from a Croton faucet.

Should uterine contraction ensue and relaxation take place, a milder application of the same means may be resorted to, till the contraction is deemed secure, and other measures adopted, if necessary.

There can be no procrastination or temporizing action in these sudden and violent cases. The appearance of the method to those present, or to the patient herself if conscious, with the suddenness and rapidity of its application, may seem harsh, abrupt and unnecessary. We have, however, nothing to do with appearances or feelings in such critical emergencies. We are imperatively reminded that life or death is swaying in the balance. Duty commands decided and prompt action. By this procedure I have in some instances had the gratification of feeling the apparently lifeless organ fold itself up under the touch, the uterus contracting or contracted, and our patient's life safe certainly for the time being. Under such circumstances, hot or cold water injections, as well as the hand internally, has in many instances failed to arouse into contraction the perfectly atonic or moribund organ.

After contraction has once been secured, then that treatment which the views or experience of the medical attendant may elect can be pursued, whether by hot water or cold, externally or internally, or mixed with other substances, or by tincture iodine or sulphate of iron, accompanied with the ordinary and usual manipulations externally over the uterus.

Remedy for Night Sweats in Phthisis.

Kohnborn (*Berliner Klinische Wochenschrift*, Jan. 5th, 1880,) states, that in two cases, in which he had tried all other remedies in vain, he met with the most surprising success in treating the profuse night sweating of phthisis, by means of the powder which is employed by the Military Medical Department of the War Minister, for the treatment of sweating of the feet. This is composed of salicylic acid three, starch ten, and tale eighty-seven parts. The entire body is to be powdered with this in the evening, the patient protecting the mouth and nose by means of a handkerchief, lest the irritation from the salicylic acid might induce coughing. If the skin is very dry, the powder may be made to adhere to it by first rubbing it with fat bacon or spirits and tannin.

Bursa Pastoris.

Another medical agent of vegetable origin, and the last to which I intend to call your attention just now, is the Bursa Pastoris, or Shepherd's Purse, one of the cruciferous plants native to Europe, but extensively naturalized in this country. I used it at first to relieve the incontinence

of urine in aged people, especially women, and was surprised and delighted at the promptness of its action in the removal of this troublesome complaint. Latterly I have extended its use so as to cover many of the disorders of the urinary apparatus, notably cystic irritability and some forms of chronic disease of the kidneys. And though it is mentioned by Steele and Maisch as a stimulant to promote menstruation, it was by accident that I learned that it possessed this power. A lady had not menstruated normally for two or three years, and therefore, when I was treating her for urinary disorder, she did not think it worth while to mention the fact. At the next catamenial period, to her surprise, she menstruated profusely, and asked me if the medicine she had taken had anything to do with it. I did not know, but since then I have frequently had opportunities to demonstrate its emmenagogue properties. Strange to say, it is also hemostatic, and is used in menorrhagia and hematuria.

The dose of the tincture is thirty drops four to six times a day — *Chicago Medical Gazette*.

Women as Physicians.

In an article in the *International Review*, Dr. Chadwick makes the just observation that the question is no longer, "Shall women be allowed to practice medicine?" They are practicing it, not by ones and twos, but by hundreds; and the only problem now is, "Shall we give them opportunities for studying medicine before they avail themselves of the already acquired right of practicing it?" It is clearly the interest of the community to give to women the fullest instruction, in accordance with the most improved systems, and under the most eminent teachers; and also that their proficiency should be tested by the most rigid ordeals before they finally receive certificates. By a recognition of these certificates and their comparative values, the community would be able to protect itself from the impositions of ignorant or fraudulent pretenders to medical knowledge.

EDITORIAL.

Old-Fashioned Eclecticism.

We still have old-fashioned people who want old-fashioned treatment, and old-fashioned doctors who like to administer the remedies of the olden time, and it is a good thing for all of us to look over the practice of the past. Our younger men need to know that Eclecticism was not simply a permission to appropriate the best from old-school authorities ("all sources"), and make a noise with the stolen thunder. It was not the "great cry and little wool" of so-called liberals who trade on their desire to fellowship their more prosperous neighbors. Not by any manner of means. Early Eclecticism had merit in it, and its advocates knew that it was different and better than the common preference and the betterness were, to a large extent, their own labors.

If any one imagines that your old-fashioned Eclectic is a long-haired individual, or a rider of puerile hobbies, old-fashioned

mistaken. They were sturdy, square-built, stiff-necked, heavy-jawed men, and their bite was far worse than their bark, as those who molested them were sure to experience. And they weren't so very liberal either, except to those who were traveling in their direction; to the opposition they were intensely dogmatic, indeed their dogged persistence in the new faith was their most prominent characteristic. They did not like "milk and water men," and they could curse the mercurialists and blood-letters like veritable men of sin.

If you have any doubt about this, rub against the first old Eclectic you find, and stroke his feathers the wrong way, and see what will happen. I am a new-fashioned Eclectic now, but come over and try me, if you want an old-fashioned growl, and possibly yet your fingers bit.

One needs to get an idea of the men in order to appreciate their work. They were earnest, persistent, persevering, with an intense hatred of the old antiphlogistic system, and an equal belief in the advantages of the new system of medicine. Now let us see what they objected to, and what they believed in.

The old treatment was antiphlogistic, in other words depressant, and its present unpleasantness was fully equaled by its unpleasant results. Its prominent features were blood-letting, mercurials, antimony, cathartics, nauseants, and blisters, antidoted to a limited extent by opium and morphine. The tortures of the "finally impenitent" (according to orthodox theology) was fairly outlined by the tortures of sickness, and the sufferer would be inclined to repeat the words of the tramp, that "hell would be a blessing compared with the present condition."

A recent case that I saw in consultation fairly illustrates this treatment. A robust young man was attacked with simple remittent fever, and on the same day called in a physician. A brisk purgative was at once prescribed (probably calomel and jalap), the bowels ran off; opium and chalk followed, with quinine, and the bowels were checked. A cathartic was given to open them again, and again they needed checking. Quinine was continued, though it increased the fever and produced delirium; a large blister was applied to the neck, and there remained a very unpleasant sore. What else was given I do not know; certainly the patient was not bathed, did not have proper food, and had run a very *regular* course.

Now, the tenth day, the skin was dry and harsh, pulse 130, temperature 104½, continuous low delirium, lips covered with dry crusts, tongue dry, fissured, almost black, bleeding when touched; urine dribbling from the patient in bed, though the bladder was distended. There had not been a comfortable moment from the time the first dose of medicine was given.

The new treatment proposed to relieve the patient of much of this unpleasantness. It objected to every thing calculated to permanently debilitate, and excluded blood-letting, mercurials, antimonials, arsenic, and some of the other antiphlogistics, from its means of cure. The opposition here was not only vigorous but violent, and no man would be recognized who employed the objectionable means. It strenuously insisted upon the frequent use of baths, an abundant supply of fluids to relieve thirst, cleanliness, fresh air, rest, and good food.

Emetics, cathartics, diaphoretics, and diuretics, were prominent means of cure, and were handled with a great deal of skill. They were different and milder than those used by the old school, and they were so used as not to debilitate. It was claimed that the stomach and bowels should be evacuated of unpleasant material at the commencement of the disease, and afterwards kept in as nearly normal condition as possible, and that *materies morbi* should be removed from the blood by stimulating the secretions of the skin and kidneys. Then came remedies, principally indigenous, that did certain special things, very like our specific remedies, and these were used in infusion or feeble tincture or syrup, and thus the dose was small.

If you would ask an old Eclectic *when* he would give an emetic, he would answer, "When the patient complains of weight or fullness at the epigastrium, has a full tongue, heavily loaded, and complains of a sense of nausea and disgust." If you should ask if there were no other indications, he would say, "Yes, congestion of the abdominal viscera, an oppressed circulation and oppressed nerve-centers." These were common conditions in the diseases of the newly settled western country, and they were promptly relieved by a thorough emetic.

But it was equally necessary to know the contra-indications, for our early Eclectics understood clearly that there was no half-way in the action of medicines—they either did good or harm. If a person had a pinched face, contracted tongue, red, with uneasiness in the region of the stomach, and tenderness on pressure, an emetic would never be given.

The effects from an emetic, when indicated and properly given, so as to obtain the action of the remedy from the blood, was very decided. It reduced the frequency of the pulse and gave a better circulation of blood, lessened the temperature, removed congestion, especially of the abdominal viscera, improved secretion and excretion from the skin and kidneys, and gave better innervation.

Cathartics were indicated and contra-indicated by very similar symptoms. Fullness of face, tongue, abdomen, blood-vessels, with inactivity of bowels, were good indications; evidences of irritation, in pinched face, contracted red tongue, contracted abdomen, and irritable nervous system, were contra indications. They took the entire range, from an emeto-cathartic of podophyllum or podophyllin to a weak solution of sulphate of soda or castor oil. If rightly used in the early stages of our western diseases, they were of marked benefit; if badly used, they very certainly increased the death-rate.

Diaphoretics and diaphoretic means were in common use. Frequent bathing to reduce the temperature, partial packs (hot or cold) in inflammation or impairment of function, the hot foot-bath, hot sitz-bath, spirit vapor-bath, and the common vapor bath, were means in constant use. Indeed, one would be led to believe that some of these fathers were veritable water-curers. These means were supplemented with diaphoretics. We had our diaphoretic powder, and compound tincture of Virginia snake-root, but these were given with hot water, an herb, or something of this kind. Then followed a long list of diaphoretics—asclepias, a mild sedative with specific influence on the nervous system, and thus the dose was small.

membranes; boneset, also sedative, improving the circulation and a stimulant to all the secretions; wild ginger, a stimulant to the skin, relieving capillary congestion; pterospora, sedative and diaphoretic; polemonium, stimulant and diaphoretic, and many others.

Diuretics were in common use, taking the entire range from sweet spirits of nitre, a valuable sedative, through a long list of vegetable diuretics, and a few renal depurants. The list embraced eupatorium, chimaphylla, juniperus, apium, althæa, eryngium, aralia, liatris, mentha viridis, and many others. Nitrate of potash was the favorite saline diuretic, though bitartrate of potash and acetate of potash were used.

Tonics were in very common use, and a list of some ten to twenty indigenous bitters were employed. Improvement of the appetite and digestion, as well as good food, were deemed essential, and as soon as febrile symptoms were subdued, a patient would be put upon the use of tonics. In chronic disease a gain in weight was thought to be the evidence of improvement, and it would be noted from time to time as a gain of so many pounds.

Alteratives, especially those of a vegetable character, played a very important part in the treatment of chronic diseases. Many of them stimulated secretion and excretion, some improved blood-making; they influenced the lymphatic system, and gave a better germinal material for the new blood. Many of these remedies, like stillingia, corydalis, alnus, and scrophularia, influenced special parts, as the throat, skin, mucous membranes, cellular tissue, etc., and were used very much as we employ them now.

If one will now go over the earlier volumes of the *Western Medical Reformer*, he will find a series of remedies influencing special organs and parts, which were used with marked success. There were remedies influencing the digestive tract, the liver and spleen, the urinary apparatus, the skin, the reproductive apparatus, and the nervous system. One gets a very fair idea of this materia medica by running over the list of remedies exerting a direct influence upon the uterus and ovaries: macrotys, caulophyllum, actæa, senecio, mitchella, helonias, asarum, the ergot of corn, and even viburnum. Will some of our people who have run to *liberalism*, or dilute old-schoolism, and who wish us to believe that there is now no difference between Eclecticism and the old-school, show me a list of equal value. Probably they do not know how rich in remedies our earlier Eclectics were, or they might have read to some profit.

In our next number we will look over this field, and make such selections as will give the reader a fair idea of the "fathers."

Third-day Ague.

Third-day ague is regarded as an unpleasantness, especially when it has continued, despite the use of anti-periodics, for months or years. I have had four such cases this winter, which illustrate the advantages of specific medication.

Some six weeks since a child was brought to me from Indiana, which had suffered since one week old with "third-day ague." It was now two years old, had never walked, and was a most pitiful looking creature. Its

spleen filled about one-third the abdominal cavity, the blood was poor, the veins of the face and across the nose blue, appetite variable, bowels irregular. It had been treated with the usual remedies, and anti-periodics had proven a complete failure.

The pulse was frequent and *sharp*, the face pinched about the eyes; it would start in its sleep and cry out. The following prescription was made:—R Tinct. Rhus gtt. v., Tinct. Aconite gtt. iij., water ℥iv.; a teaspoonful every two hours. Uvedalia ointment applied to the abdomen once a day.

The child had but one more chill; took food, digested it well, gained strength, and was walking in a month. The enlarged spleen disappeared in two weeks.

A patient from below New Orleans had been chilling for two years, and had taken quinine, cinchonidia, arsenic, and some other remedies that he did not know the name of, with but temporary benefit at any time. Did not think he had been free from chills three weeks at a time in the entire period.

The spleen was very much enlarged, floating; the liver full, face full and puffy, veins full, discharges from the bowels pale. Had a thorough abdominal inunction with Uvedalia ointment every day (toasted in), and gave one small podophyllin pill (podophyllin gr. 1-20, phosphate of hydrastia gr. ½) every afternoon at 3 P. M. Had no more chills, and made a sound recovery.

Was consulted by a man aged 32, who had chilled since the fall of 1878, though the ague had been broken several times with quinine and cinchonidia. Now it would not break, but was inclined to break the patient, as he had lost flesh and strength, and had an unpleasant cough. His tongue and lips had a very marked violet tint, and on this alone I prescribed—R Nitric acid gtt. xl., water ℥ij., syrup ℥ij.; a teaspoonful every three hours. The prescription was renewed once, and he made a sound recovery.

Cases like these will soon satisfy any one that the new practice of medicine is a vast improvement on the old, especially upon that called "regular."

Gonorrhœa.

One of our old subscribers has written two letters in the month about the treatment of gonorrhœa, and a recent graduate suggests that something on the subject will benefit him, as he is having a run in that way (his patients are having a run also). Neither of these seem to like the old methods, and neither have "Scudder on Venereal," though if they had they would still find stubborn cases.

In the olden time the treatment was very simple (also very nasty). The doctor would have put up for the office, also by the druggist who fills his prescriptions, something like the following mixture:—R Balsam copaiba, sweet spirits of nitre, essence of juniper, tincture of cubebs, aa. f.℥iiss.; tincture of aloes, f.℥j.; paregoric elixir, f.℥ij.; essence of cinnamon, f.℥iiss.; syrup of lemon, f.℥vj. Mark, "gonorrhœa mixture." Dose, from a desert to one tablespoonful every four hours. The patient visits the doctor

and explains; the doctor smiles benignantly. Can he be cured? Yes. Quickly? W-e-l-l, we can't tell just how soon. Patient's anxiety means he wants to get well in a few days; the doctor explains that it might be done with injections, but they are dangerous, better trust to medicine. How much will it cost? W-e-l-l, if it proves a simple case, ten or fifteen dollars; if troublesome, a little more. A half pint of the mixture is put up—take a tablespoonful four times a day; you may give me ten dollars, if you please; come in in two or three days.

Scene second. John smells worse than the last rose of summer, and when he goes home the question comes, "John, what in the world have you been eating? what a queer smell you have! where have you been?" etc. And John explains that he has caught cold, and the doctor has given him some medicine for it.

He is made aware that the way of the transgressor is hard, and that sin is not a pleasant morsel to be rolled under the tongue. He has a sense of utter disgust in his mouth, throat, stomach, all the way through him, and out of his tail-piece; his urine is scanty, it is voided with difficulty, burns like the d--l; runs like scandal in a sewing society; he has chor-dee that wakes him two or three times a night, and makes him feel as if it would lift him out of the bed. Thus days go on. The doctor gives him lupulin, bromide of potash, suggests cold applications, but persists in the custiferous mixture. Takes an additional ten dollars about every ten days, if he can get it, consoling the patient that he has a "very bad case"—and it is bad enough.

It may be two or three weeks, or two or three months, and he does well if he does not have a gonorrhœal orchitis, a gonorrhœal rheumatism, a gleet, or a lasting debility of the urinary organs.

Still this was better than the old-fashioned injection of a forty-grain solution of nitrate of silver. How patients would dance when this was thrown in, and how they would dance afterwards when they passed urine, bringing the blood with it, and what an intolerable chordee they would have.

If I had to abort a gonorrhœa, I should do it in the following way: R Sulphate of zinc gr. xx, sulphate of morphia gr. x., water ℥ij. Wash the urethra out with warm salt water, and give a thorough injection of this prescription, repeating it in six to twelve hours, if necessary. Let the patient keep quiet and take—R Tincture veratrum gtt. x., tinc. gelseminum gtt. x. to ℥ss., water ℥iv.; a teaspoonful every hour. Follow, the second or third day with an injection of—R Phosphate of hydrastia gr. x., water ℥iv.

In the larger number of cases I am in no particular hurry, and we want to get along as comfortably as possible, and I prescribe—R Tinct. Cannabis Indica gtt. x., water ℥iv. Or, if there is some muscular pain, it will be—R Tinct. Macrotys gtt. xx, water ℥iv.; a teaspoonful every two hours. Other remedies, as pulsatilla, eryngium, rhus, apis, santonine, are employed when specially indicated. A solution of phosphate of hydrastia, or berberina, in the proportion of two grains to the ounce of water, is the usual injection when one is employed.

Patience and Knowledge in Obstetrics.

Our "Little Things in Obstetrics" seem to have excited a considerable commotion amongst the readers of the *Journal*. Some think that they were calculated to discountenance the use of instruments (when needed), and thus injure the professional standing of our school; and others, that the article did not go far enough. I hope we struck that happy mean which will lead to study and right practice.

I have confessed that my practice has been extraordinarily favorable, and that it is due in considerable part to a good character of patients. I have never had a patient die undelivered, and have lost but three patients of puerperal disease in nearly twenty-five years' active practice. I am a martyr to good luck, and even in this am able to be thankful.

But I am inclined to believe that a certain proportion of failures in obstetrical practice is due to a want of knowledge, and a certain other part to want of patience. As I have said before, I have met men who did not distinguish the first from the second stage of labor; who did not understand the mechanism of labor, either in the passage of the head through the superior strait, through the pelvic cavity, rotation to bring the occiput under the pubic arch, or the extension which would carry the face over the perineal structures.

A physician describing one of his cases to me a few weeks since, told a doleful story of a two days' waiting, and of the administration of lobelia and gelseminum for rigidity of the os, of quinine to induce pain, and diaphoretic power to relieve it, and finally of a rapid delivery whilst he had gone for instruments. It was the old story of being troubled by a prolonged first stage of labor, and not recognizing the difference between the first and the second stage.

I was called in consultation this month to see a primipara who had been in labor from ten in the evening until six in the morning, and was begging that forceps should be used. Yet the physician in attendance said that the second stage of labor commenced at three A. M., and now the vertex presented at the vulva, and a few more pains would be sufficient for delivery. In this case the vulvar opening was small, and the perineum remarkably thinned, and forceps would almost certainly have caused rupture. The first case of ruptured perineum I had to treat was caused by the blades of the forceps, which cut the perineum like a knife.

Let the physician master the subject of obstetrics, so that he may diagnose his cases correctly, have patience when patience is needed, and be able to use instruments when instruments are required.

Man has Seven Senses: has he an Eighth?

It is possible that the reader may object to the first proposition and count the *five* senses off on his fingers—sight, hearing, smell, taste, touch—and ask how we make seven. We are in the habit of sticking to old things very vigorously, and there is nothing so unpleasant as a new idea.

The *sixth* sense proposed by Dr. Brown and Sir C. Bell is a very distinct one—the *muscular sense*,—and without it we would have a very imperfect knowledge of many substances and bodies. "Heft it" says your

and we test its weight by this muscular sense. With it we also have the sense of resistance, the density and the elasticity of bodies. It is a pleasurable sense, as any one with good muscles will experience, and an active man is inclined to "heft" things for the mere enjoyment of it.

The sense of *well being*, or consciousness of bodily condition, is to me defined as the sense of touch, and I think it is to very many persons. One may feel almost any part without a use of the five senses, and if the body is in a healthy condition this feeling is pleasurable. The reverse—unpleasant sensations and pain—are among the commonest symptoms of disease. How it is possible to avoid the recognition of this sense I cannot see, and I should ask no better means to substantiate than to tell the reader to turn his mind inwards, and think of one or another, and see if there is not presently a strong sense of comfort or discomfort—pleasurable if well, unpleasant if sick.

The eighth sense is the consciousness that the spiritual or real man is distinct and is distinct from his body. The proof of this must be sought by each person through thought, the mind being turned inwards, and it seems to me that no one who will honestly investigate the matter for a few weeks can fail to become convinced that the man and his anatomy are two very distinct things. One will at times realize that he does not live in this body, as he realizes that he lives in his clothing or in his house.

Buddhists claimed that this spiritual sense was developed by holding the breath, or by gentle almost imperceptible breathing. To me it is quite as real as the sense of bodily well being, the muscular sense, and as quite as real as the other senses. This is *self consciousness* independent of body, or any animal activity. I have a sense of special respiration from the brain, a sense of hands to write, of mouth to speak, of legs to walk, but I am just as sure they are not me, as that my horse and buggy, and the house I live in are not me.

One may discuss the question of whether mind is a secretion of the brain, or whether bile is a secretion of the liver as long as we choose, and gain nothing for in the nature of things we cannot get physical evidence. A person must learn for himself, from himself, by an analysis of that which we call self-consciousness, and if he ever has any real evidence of spiritual existence it will be through the exercise of the "eighth sense."

Medical.

A subscriber reports a case for criticism in the *Journal*, and he asks me to be honest, even though it should be against him. He describes the case as follows:—

A boy, aged ten years, nervous temperament, thought by parents that he had sprained his knee. I was called in passing, examined the case, and found an acute synovitis, pulse 120, delirious with pain, skin dry and tongue coated white, heat 103; prescribed liniment—R Aqua ammoniac, oleum olivæ, oleum terabinth, chloroform, aa. 3j. M.; apply freely to the joint and cover surface with flannel. For fever, ordered—R

Tinct. aconite gtt. xv., tinct. veratrum gtt. xv., aqua ℥iv., mix, teaspoonful every hour until I saw patient next morning, with morphia for pain. Saw patient next morning, ordered blister strapped around the knee; called for counsel. A physician of the same school could not be obtained, and a consultation was rendered impossible, so that the next day a second physician was called. Physician came that night at 8 o'clock and examined the case, pronounced it inflammation of stomach, applied blister over stomach and treated the case for the same two days, then pronounced it inflammation of brain, applied blister at nape of neck then treated the case for inflammation of brain; patient died in two days after the treatment began for inflammation of brain."

It is my impression that the treatment was bad from the first, and probably especially bad at the last. Tincture aconite gtt. xv., tinc. veratrum gtt. xv. to water ℥iv., is much too large a dose for a boy of ten, and in some cases will produce irritation of the stomach. This result is especially liable to occur when morphia is given to control pain; then morphia was particularly bad in this case as it is in very many. The application of ammonia turpentine, and chloroform to the knee was not good treatment, and the blister still worse.

Now having condemned the whole of it, what can I say more? Most assuredly I must point out a better. I would have given him R Tincture aconite gtt. v. water ℥iv., a teaspoonful every hour. To this would have been added the indicated anti-rheumatic—*macrotys*, *bryonia*, *apocynum*, *rhus*, *phytolacca*—in the usual doses. The knee might have been painted with tinct. veratrum, and hot water applied over it, and afterwards it should have been supported by a well adjusted flannel roller. I am sure the patient would have gotten along well with this, though he would have suffered pain for a few hours.

My correspondent concluded by saying that the *regular* who took his patient, and got away with him so nicely, has another of the same kind in a state of profound coma, and death is expected in hours.

Coming to it Gradually.

The profession are coming to the doctrine of specific slowly but very surely. We see it in the journals sometimes quite out-spoken as in the Medical and sometimes without a name as in the following quote York Medical Record. They are all welcome to it, that they shall acknowledge their indebtedness for it son has made the first step, and if he is not discouraged hereafter:—

"If this patient does not rapidly improve upon her I shall place a small fly-blister over her epigastrium ture of *nux vomica*. At first I shall try her with five drops with water, immediately after eating. But if this does not suit her in large doses, I will not abandon its use immediately, but I will give her with very small doses of one drop or half a drop

shall hope thus to obtain effects which I may not obtain with the larger and more tangible doses. You must prepare yourselves, gentlemen, for a few seemingly heretical ideas. You might be inclined to call me homœopathic. I am not either homœopathist or allopathist in any narrow or restricted sense. I simply use remedies to produce certain wished-for results, and facts are more evidence to my mind than any number of well-constructed theories. Not long ago I was physician to a lady who was suffering from distressing dyspeptic symptoms. I had run through my armamentarium with little or no good results. I called in consultation a very distinguished allopathic practitioner of this city. He advised the suppression of pepsin and bismuth powders I had been giving, and in their stead counseled the employment of very minute doses of nux. The counsel was followed, and the result was to me surprising, but, nevertheless, most beneficial to my patient. I am told by my professional friend, whose therapeutic acumen is undoubted, that he has been equally successful in many analogous cases. Doubt is the beginning of belief—the saying goes—and where I had great doubts, I am now disposed to believe."

Is the Editor of the Cincinnati Lancet and Clinic an Agent for the Sale of Diplomas?

If one unacquainted with Cincinnati medical men and matters should pick up the Lancet and Clinic they should suspicion that such was the case, for the entire editorial of April 3d is a puff of "Cincinnati Diplomas at \$25 each." We will hear the editor on this subject:—

"We propose to continue telling our readers that medical diplomas are granted in Cincinnati in absentia on payment of the sum of \$25.00. No examination required, no prosy lectures to be listened to, no special knowledge essential, no clinical experience. The only absolute necessity is a sclerosis of cheek and \$25, and the Cincinnati parchment is forthcoming at once.

"Talk about Philadelphia and New York being the chief medical centers of the United States, that is only the imagery of brains afflicted with a delirium that shows their possessors to be living on the border land. The geographical center of population of the United States is within a distance of twenty-five miles of Cincinnati and is likely to remain there for all time, or until this city ceases to be the Mecca to which all unhappy mortals who hanker after a medical diploma shall cast their longing eye—and the necessary \$25.

"The managers of the ordinary crooked Cincinnati medical college take a lively interest in the happiness and comfort of e'en a most everybody that dreams of pills and potions, and fancies they are possessed of a gift of healing. And is ready at all hours, in season and out of season, to record the names of such applicants for a Cincinnati medical diploma, in return for the small sum of \$25."

This is all very clear, but he does not tell us where the coveted "sheepskin" is to come from, and the purchaser will want to know. Are they from the Ohio Medical College? the Miami Medical College? the Cincinnati Medical College? We want to know, are they? The designation—

"the ordinary crooked Cincinnati medical college" is not sufficiently explicit, though there are people unkind enough to say, that all the Cincinnati colleges are *ordinary*. The reading "ordinary crooked" might lead the reader to suppose that several medical colleges were engaged in this lucrative business.

Joking aside, is the editor of the Lancet ignorant of who does this dirty work? or knowing who does it, is he afraid of libel suits if he puts a name to the man or thing? or has he that most contemptible of all motives—the desire to injure other persons and colleges by leaving the question of *who* an open one?

We have named the man and the so-called college that does it, have fought the matter in the courts, have established the fact of sale, have tried to get our Legislature to pass an act making the sale of diplomas a penitentiary offense, and thus far we have never received the least encouragement from the Lancet and Clinic or those associated with it. Students of all the *regular* colleges of this city, have invested their money in these cheap *diplomas*, as the records will show; why have they not spoken directly against it?

They talk now, because they hope, on this ground only, to have the Legislature pass a law making a close corporation in medicine for their benefit.

Morituri Salutamus.

"We who are about to die salute you." This comes not to us as from those about to fight in the arena in ancient Rome, nor yet as our poet Longfellow used it in his poem before the class at Yale, as an appeal from those whose heads were frosted by many winters, but from the thousands who are prematurely cut off from life before our eyes. "We who are about to die!"—what a multitude is passing before our eyes, through our hands, and they should talk to us plainly, and we should take the salutation to heart.

Why is it that they die prematurely? A very solemn question to those of us who have not done our full duty to the people, and one that should be taken to heart. Who is to bear the responsibility of the spread of contagion, in the propagation of diphtheria and typhoid fever through wells and cisterns, in the generation of consumption and other diseases through imperfect drainage and bad house construction, and the impaired constitutions of children through a vicious system of education. I am disposed to believe that physicians are responsible for much of this, for they should know something of sanitary science, and instruct the people.

"We who are about to die salute you"—and ask why can't you let us live, or if we must die why should you persecute us in death? Without medicine, but with good food, drink, cleanliness, rest, and good nursing, the mortality would not be over five per cent. possibly not two. With nauseants, cathartics, opium, quinine, possibly mercurials *et id omne genus*, the mortality is increased to ten, fifteen, twenty, thirty per cent. With medicine and good nursing, sickness is not prolonged; with medication it is long drawn out. With no medicine

the person has such moderate comfort as may be obtained in sickness; with antiphlogistic medication he already experiences the tortures of the damned. He might ask with the evil spirit, "why am I persecuted before my time?"

"We who are about to die salute you" and ask—if experience has proven that small doses of pleasant medicines lessen the mortality, shorten the duration of disease, and relieve it of much of its unpleasantness, why cannot you give us this system in place of the old? Surely you cannot take pleasure in torturing the sick, you cannot be so cruel as to prolong sickness for your pecuniary benefit, and you should not profit by the many chronic diseases you grow.

Society Meetings.

The National Society will meet in Chicago June 17th, 1880. A large attendance is expected.

The Ohio Association meets in Springfield, Ohio, May 4th, at 7½ P. M., holding over the 5th.

The Illinois Society meets at Springfield, Ills, June 2d, at 10 A. M., holding two days.

The Massachusetts Society meets in Boston June 3d and 4th.

The Michigan Society meets in Detroit May 26th and 27th.

The Indiana Society meets in Indianapolis May 12th.

The Nebraska Society meets in Omaha, June 8th.

The Connecticut Society meets in New Haven May 11th.

The Wisconsin Society meets at Milwaukee June 2d, at 10 o'clock A. M.

We would be glad to attend each of these meetings, and would be certain to have a good time. But *ye editor* is growing old and lazy, and can't get around comfortably, and must therefore send good wishes.

Resolutions of the New York State Society.

At the meeting of the State Society in Syracuse Oct 15th and 16th, 1879, the Executive Committee were requested, by resolution, to draft a code of regulations prescribing conditions of membership in regard to scientific and professional attainments in auxiliary societies. The Executive Committee have agreed upon the following:

1. The approval and sanction of the Eclectic Medical Society of the State of New York to the organization of any local society, shall always be upon the condition that such local societies shall be, and continue, loyal and in harmony with the principles, policy and action of the State Society.

2. No member shall be received or continued in membership in a local society, who is not eligible to membership of the State Society, of good reputation and in other respects worthy.

3. No local society shall approve or permit with its sanction or tacit acquiescence, any illegitimate practice or procedure of any in violation or disregard of good faith, fairness and courtesy, or the regulations of the State and National Eclectic Medical organizations, with which it is, or may seek to be, affiliated.

4. It is the purpose of the State organization to el the practice of medicine, and the social, professional a ing of physicians; and every auxiliary society is expe in this aim and purpose. It is the duty of every such to year, to communicate to the State Society its views in relation to this subject.

Please do us the favor of reading the above at the r Society. By order of the Executive Committee,
I. L

Eclectic Medical Society of Michigan.

As is generally well-known, this Society was organ and three years ago became chartered by special act since which time it has been the only Eclectic Medical or known in Michigan. It has now an active memb last report. Transactions have been issued in pamph —Series IV, this year, completing the first volume.

The next, and the Fourth Annual Meeting of this S at Detroit, on the last Wednesday in May, 1880, (the at 10 o'clock, A. M., and will continue in session two d

We expect to go up to Detroit in full force, and wi exercises full of interest to any medical gentleman wh tend the sessions.

It is hoped that every member will arrange to be pr ing, as business of importance will be transacted, als contemplate becoming members will make special of Several have already signified a desire to unite with time. An earnest invitation is hereby extended to e sician in Michigan to be present.

The platform of this Society is broad and liberal, in his practice, but discouraging ostracism and big The code of ethics is the Golden Rule.

Those desiring to become members will please to at retary of that fact, and in due time they will be furni ing full particulars of arrangements, together with a for membership. We trust a large number will avail privilege. The Legislature will meet the coming pected that matters of interest to the profession will for action by that body. Such matters should be anti ciety and fully discussed by those interested.

The National Eclectic Medical Association meets t June 16th, and in view of the fact of its nearness to l important character of that meeting, it is hoped Mi to fill her quota of delegates, (15,) exclusive of those v nent members of that body and consequently entitle and privileges of other delegates, making a total so may attend from this State, of thirty-five, includin County Society, to which that Society is entitled. C

State or local societies are admitted to membership in the National Society, so those who desire to become members of that body will understand that they must first become members of the State Society, or of some local society recognized by the State Society.

Several of the wives of our physicians have already indicated their intention to be present at our Detroit meeting and, a hearty invitation is extended to all our Eclectic women to be present, and it is hoped that many will find it convenient to accept this invitation.

P. W. REED, M. D., *President.*

H. S. McMASTER, *Secretary*, Dowagiac, Michigan.

The Indiana Eclectic Medical Association.

The Indiana Eclectic Medical Association meets in Indianapolis the second Wednesday in May, (12th,) 1880. Let there be a full attendance, each one bringing something of interest to the many. Business of the greatest interest to the profession will come before this meeting.

G. W. PICKERILL, M. D., *Secretary.*

Nebraska State Eclectic Medical Association.

The annual meeting of the State Eclectic Medical Association will be held at Omaha, commencing on the eighth day of June. Ira Van Camp, M. D., No. 240 Farnum St., will make the necessary arrangements, such as securing reduced rates on railroads, hotels, hall, etc.

We earnestly desire the attendance of every Eclectic in the State, and have made a slight change in the time of our meeting to accommodate our Iowa brethren who may desire to meet with us, to whom a cordial invitation is extended as well as to the Eclectics of Kansas. We hope to make it interesting and instructive, as free discussions will be allowed after each essay.

R. S. GRIMES, *Secretary.*

Wisconsin State Eclectic Medical Society.

The next annual meeting of the Wisconsin State Eclectic Medical Society will be held at Milwaukee, in the parlors of the Plankinton House, June 2d, at 10 o'clock, A. M. An invitation is extended to all liberal physicians in the State to be present. Physicians in attendance are requested to bring their wives with them.

H. B. LAFLIN, M. D.,

J. A. HUTCHINSON, M. D., *Cor. Secretary.*

President.

Eclectic Medical Institute.

The old college is prosperous as usual, with 103 students attending the Spring Session, making 244 in all for the year. If a young man wants an education in medicine which will enable him to get on in the world, here is the place to get it, and the kind of education we give can be had nowhere else. I refer now to the use of remedies for their direct effect—specific medication. It has proven very successful, and our young men go out of the college and meet a marked success from the commencement.

The Catalogue and Announcement will be ready for delivery June 1st, and we will be glad to send it to any one who is interested. We will make a vigorous campaign for the next winter's classes, and hope to fill the old college to overflowing.

A Powerful Disinfectant.

Chloride of lead is said to be the most powerful, safe, and economical deodorizer and disinfectant known. To prepare it for use on a small scale, for ordinary purposes, take half a drachm of the nitrate of lead, and dissolve it in one pint of hot water; dissolve two drachms of common salt in two gallons of water, and mix the solutions; this forms a solution of chloride of lead.

A cloth wet with this and hung up in a room filled with a fetid atmosphere, will sweeten it instantly; and the solution thrown into a water-closet, sink or drain, or wherever the sulphite of hydrogen and ammonium exists, or is generated, will produce the same effect. It is not carbonic acid, but the sulphite of hydrogen and ammonium, which are eliminated with the breath, and through the pores of the skin, that makes people who are exposed to such an atmosphere so depressed, and which, when highly concentrated, develops typhus poison.

Nitrate of lead is in dry crystals, and is sold, according to quantity, at eighteen to twenty-five cents a pound, which would make several hundred gallons of the solution of chloride of lead. And if, after testing it proves to be as effective as represented, let it be published in every newspaper throughout the land.—*Physician and Pharmacist.*

WANTED—Volumes 30, 31, 32, and 33, unbound, of the Eclectic Medical Journal.
Address J. M. SCUDDER, M. D.

A specimen of pork supposed to contain trichina spiralis, was recently sent to Prof. Lloyd for examination. If the sender will forward name and address, the result will be forwarded.

NOW IS THE TIME TO SUBSCRIBE for the large Anatomical Atlas, by J. A. Jeancon, M. D., Professor of Physiology in the Eclectic Medical Institute, Cincinnati, Ohio. Complete in 45 parts, with explanatory text; parts 1 to 8 inclusive are now ready for delivery and will be sent by mail on receipt of price, 75 cents per part. Address all orders to
DR. T. O. HANNAH, 228 Court St., Cincinnati, Ohio.

Receipts for Journal to April 22.

J H Baldridge 2, R A Baldridge 2, W S Heard 1, F M Beale 2, T C Miller 2, E Behymer 2, B R Taylor 2, N W Beckwith 2, J L Acomb 2, W L Birney 2, F G Gelferds 2, J Woodward 2, J H Barber 2, J W Taylor 2, J B Chapman 2, Jas Abbott 2, C H Black 2, J B Klyce 2, L J Stroop 2, R T Laycock 2, H J Sanison 2, J T Lillibridge 1, J B Barclay 2, E E Ankes 2, J J Caldwell 2, Tho Swales 2, J C Shutt 1, B F Sparrow 2, F McClanahan 2, J A Sadler 2, S J Smith 2, D F Parrott 2, L Cross 2, J H Casper 2, G W Nafe 2, J Brower 1, J M Vail 2, W Bell 2, J B Baeler 2, E P Stearns 2, J E Ragsdale 2, W T Park 2, A C Martin 2, A J Durr 2, J B Jones 2, C K Brown 2, A York 2, W T Hollifield 2, S M Wright 1, J V Seaman 2, R Copeland 2, L W Guise 1, J R Cromer 2, F A McShan 2, P F Gaid 2, B F Fuller 2, O W Toby 2, E C Runner 2, Thos Long 2, A F Pattee 2, W Hunt 2, W T Shaw 2, J Doane 1, J Kiernan 2, J W Hess 2, D H Belknap 2, C M Sparks 2, W W Jones 2, J F Thomas 2, W E Austen 2, F P Antle 2, S N Vickery 2, W Bishop 2, Jno Cooper 2, J M Asbury 2, L M Gould 2, C G Barnes 2, S McDonald 2, T M Dromgold 2, E B Wright 2, A T Welt 2, J G Ryan 2, D Cully 2, W H Elliot 2, H E Firth 2, W H Dicus 2, F M Tate 2, S B Bench 2, L L Wakefield 2, Jno Stout 2, H S Etheridge 2, A E Sanders 2, J P Painter 2, T J McMurtry 1, B H Lawson 2, Bielt, Strickler & Lindley 4 50, W H Montgomery 1, G C Case 2, W R Hackney 2, H N Pagueth 2, J C Winans 1 25, A J Haughton 2, G E Reynolds 2, D B Linegar 2, C C Cook 2, W W Bickford 2, F L Gerald 2.

GREEN LABEL·Fluid Extracts

MERRELL & Co. are not a "*fashionable novelty*;"

the period of introductory and competitive criticism; and their offering a *new era* in the history of liquid medicines, has met the approval of the able and progressive physicians who have given them a trial in accordance with the *standard* which many manufacturing houses are imposing upon the profession. The advantages of these Preparations may be summarized as: purity, concentration, and freedom from all inert and non-essential ingredients; possessing at the same time these essential pre-requisites:—efficacy; uniformity in medicinal strength; non-liability to decomposition; and convenience of administration.

The advantages of the Green or Fresh, over the Dry Drug, in the manufacture of medicines, has long been a subject of controversy. The question arises when we introduced our *Green Root Tincture Gelsemium*; many physicians first refused to even give it a trial, and we were compelled to keep on hand both the green and dry root in order to satisfy the prejudices of the profession. What is the situation to-day? The physician can now obtain either the Tincture or Fluid Extract Gelsemium, prepared from the Green or Dry Root, and avail himself of one of the most reliable remedies in the

Forwood's Tincture Veratrum owe its great reputation, but to the fact that *recently gathered* root is used in its preparation; and that the *Veratrum* made from the ordinary dry drug of commerce are *inferior* to the *medicine*.

Similar with the introduction of Cotton Root Bark? The plantarist discovered the valuable parturient properties of this drug, and prepared an infusion of the *green bark of root*; and in this showed the pharmacists who use the *dried bark*, and *even the root itself*. "Enough for a *Fluid Extract*" they say; and pick up their stock wherever they can get it, *no matter how old*;—be it *one, two, five or ten years* old; regardless of the *time and place* where gathered. This may be true in some language; but our position in this city, the great centre of the collection of indigenous drugs, enables us to make the best selection available, and to observe the direction taken by the poorer qualities. From the above remarks, we may state that we have traced drug stock collected by us, as unfit for any use in medicine, to manufacturing chemists; their special business to condemn or cast odium upon preparations made from *green, fresh, or recent-dried* drugs.

For over nearly thirty years, we have given the subject of *improvement* in pharmacy close and careful attention; and the valuable *Salts* of the *urinary* system; "Fluid Hydrastis;" Podophyllin; Oils (by Ether) of *Opium* and *Lobelia*; and the Improved processes for the manufacture of *Fluids*. See Proceedings Am. Pharmaceutical Association from 1856 to 1880. It is the result of our labors in the cause of improved pharmacy. Our efforts to the use of green and fresh drugs have fully repaid attention and the conclusions arrived at merit, we think, the favorable attention of intelligent physicians.

[See next page.

IMPORTANT AND STRONG TESTIMONY.

As an evidence that the medical profession is moving in the right direction on the subject of Fresh Plant Preparations, read the following extracts from the recently issued

"Report of the Committee on Revision of the U. S. Pharmacopeia, for 1880."

"There seems to be a growing demand among physicians for certain extracts prepared from *fresh plant*. Some of the latter are of such a nature that *effective* preparations cannot well be made from the dried plants; because, during the drying, some active volatile substances may be lost; or some other constituent be altered or destroyed. In the case of others, no tangible chemical or physical cause can be adduced for the preference given to preparations made from fresh material, except the statements of medical practitioners as to their therapeutic effect."

Another extract says:

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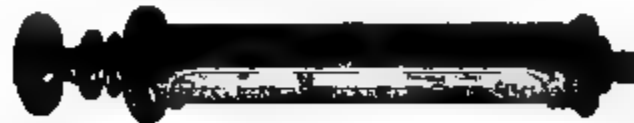


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Eighth edition revised. Price \$7 00.
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Scudder, M. D. Second edition. Price \$5 00.
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- Urological Dictionary.*** By Prof. JOHN KING, M. D. Price \$3.00.

These works will be sent by mail, free of postage, on receipt of price, by
JOHN M SCUDDER, M. D., Cincinnati, Ohio.

THIRTY-SIXTH
ANNUAL ANNOUNCEMENT
—OF THE—
ECTIC MEDICAL INSTITUTE.
(SEVENTY-SECOND SESSION.)

284 *Matriculants.*

2,313 *Graduates.*

THE Eclectic Medical Institute, organized in 1843, chartered by the Ohio Legislature in 1845, was the outgrowth of the popular dissatisfaction with *regular* or old-school medicine. The antiphlogistic practice of the early part of the century had grown to such proportions that many people would not, and they gladly accepted anything that promised relief. From the practice of an earlier day the Eclectic system of medicine usually developed by Drs. Beach, Morrow, Jones, and others, and as made a demand for physicians of this school, which was met by the organization of the Worthington Medical College in 1832, the Eclectic Medical Institute being its successor.

A vigorous protest against the practice of the day, and there was uncertainty in the issues made. It was asserted on the one hand that disease must be crushed out by the use of the lancet, mercurials, and harsh purgation, blisters, and similar means; and on the other, that disease was an impairment of life, and that all remedial means should be directed to the conservation of this life. On the one side, bleeding, calomel, antimony, opium and blisters, were the principal remedies employed, and the treatment was called *antiphlogistic*. On the other side, the remedies were principally from the indigenous materia medica, and the treatment was to a considerable extent restorative.

The new practice was vigorously opposed, its supporters called quacks, and charlatans, and every means, creditable or discreditable, were made use of to crush it out. In so far as the government, state and national, could be influenced, it was influenced against us. Popular prejudices were excited at Worthington with reference to subjects for dissection (supposed grave yard robberies) until it culminated in mob violence, and the college was forced to remove. The charter of the Eclectic Medical Institute was obtained with the greatest difficulty on account of this opposition the most unscrupulous means being employed to defeat it. But step by step the battle was fought and won, until this school of medicine has become a power in the land, and even its opponents respect it.

The Eclectic Medical Institute has fought this battle with but a moderate amount of assistance from the colleges at Worcester, Syracuse and other places. The men are yet living who have suffered from the persecution of the past, and they are not likely to forget the differences between old school and Eclectic medicine, and it will be a long time before they will affiliate with their opponents. We wish it distinctly understood that the system of medicine that we designate as *Eclecticism* is distinctly and radically different from the practice of other schools, and if we did not believe it superior we would not teach it.

Whilst thus emphatic in the expression of our belief, we do not wish to be understood as denying a like liberty of opinion and action to others. Let every man examine the teachings and the practice of the three schools of medicine, and select that which is most reasonable, and that which gives the greatest success. Always willing to accept the good from any source, and to give proper credit for it, it would be nothing more than fair to ask that others should test what we offer, and give us credit when it is found good.

The Eclectic practice of medicine as taught in this college has been thoroughly tested in all parts of the country, and its success has proven its superiority. Students going out from its halls have been able to do a successful and lucrative practice from the first, and have not been obliged to wait years for recognition. This depends as much on the methods of teaching as upon the remedies used, the object being to point out the relation between the symptoms of disease and the action of remedies, so that the merest tyro in the profession may know it.

We teach *Specific Medication*, and we propose to present it in such form that the student can make use of it. The remedies are to be pleasant in form, small in dose, certain in action, relieving the unpleasantness of disease, shortening its duration and saving life. If a student of ordinary ability will give due diligence to study and attendance upon lectures the required time, we will promise him a successful practice of medicine, and as it is free from the uncertainties of the ordinary practice, he will be free from many of the anxieties of professional life.

Let every man be guided by his convictions. If he believes the Eclectic system of medicine the best, let him by all means attend an Eclectic

college. "No man can serve two masters," and the man of strong convictions, earnest resolves and perseverance, will be the successful man. It should be widely known that old-school colleges will not recognize the time of reading under an Eclectic physician. They are always ready to take the money of our Eclectic students, but they will not treat them with fairness, and are prohibited from graduating them. A considerable number of cases have come under our observation where students have been refused examination though they have complied with all the requirements of the colleges.

Reading Medicine.—It is our experience that the sooner the student attends his first course of lectures the better he will read medicine in the physician's office. In the college he learns how to study and what to study, and will usually make as much progress in one session as in the three years of ordinary reading. Our best students are those who commence with a course of lectures and continue their attendance session after session until graduation. Some very successful physicians have received their entire education in the college, without any office instruction.

The first year's reading out of the college may embrace Gray's Anatomy, Huxley's Physiology, Scudder's Principles of Medicine, and Specific Diagnosis and Specific Medication. These should be read in the usual way of reading books, so that a continued interest may be maintained. The anatomy and physiology may be learned by continuous reference to one's own body.

System of Scholarships.—That no one may have an excuse for brief attendance upon lectures, this college issues a scholarship on payment of \$150, which enables the student to attend as many courses of lectures as he may desire without extra charge. As two sessions are held yearly, the student can attend four courses of lectures in two years, or six courses in the usual three years of study.

It is probable that this is the last year during which scholarships can be purchased at this low price, as the time of instruction is to be lengthened in all medical colleges.

No Extra Fees.—Cheap medical colleges increase their fees by private courses of instruction, quiz classes, etc., so that in the end the student pays more than he would if he came to us.

Two Sessions Yearly.—This college has held two sessions yearly for thirty-five years, and has proven that it is much to the advantage of the student. The single course of instruction occupying less than five months, loses too much valuable time, for time cannot be so well employed in a physician's office, or, as is many times the case, in loafing. Both the Winter and Spring sessions are equal to the sessions of any college in the land, the course of instruction being in all respects as thorough, we thus do twice as much work in the year, and the student accomplishes twice as much.

Graduation.—Students applying for graduation in medicine for three years and attended two full courses of different years, the last of which has been in this institution two years and attended three courses of lectures; or have courses of lectures without previous reading.

Examinations for the degree of Doctor of Medicine will close of both Winter and Spring sessions, but there will be Commencement yearly—at the close of the Spring Diplomas will bear date of the first Tuesday in June.

No diplomas will be issued except on actual attendance; the Corporation grants no degrees in *honorarium* or

Medals.—The student passing the best examination in anatomy will receive a Gold Medal. The student passing the best examination in medicine will receive a Silver Medal. These will be awarded at Annual Commencement each year.

A Graded Course.—The College has commenced a course of instruction for those who can give three years to college. The cost of the tickets to this three years course will be \$150. The Faculty will endeavor to so direct the studies of this class that they will make extra attainments, and be more proficient in all the branches of learning.

Hospital Facilities.—Our students attend the Cincinnati Hospital on the same terms as those from the other Medical Colleges. The material for instruction is ample, and the lectures good.

The Cincinnati Hospital is conceded to be one of the best appointed in the United States, giving room for 1500 beds.

Dissections.—Under the new anatomical act dissections are made in this State, and the bodies of persons dying in public hospitals are given to the Medical Colleges. Dissecting material will be made cheap the coming winter, and students will be enabled to make three dissections in place of one.

Time of Commencing Lectures.—The regular session will commence September 1st to 6th, 1880, and will continue two weeks. The Spring session will commence January 17th, and close the 1st of March.

Expenses.—The Fees, including Matriculation, Tutor's Ticket, will be \$75. Graduation \$25. The fees for board can be had at from \$3.50 to \$5.00 per week.

Certificate of Study.—The Faculty require a certificate of reading, from a preceptor or other reputable person when the student matriculates, and will be preserved with the student's record.

Text-Books.—CHEMISTRY—Atfield, Fowne. MATERIA MEDICA—Scudder. King's American Dispensatory. PHYSIOLOGY—Draper, Carpenter, Huxley. THEORY AND PRACTICE—Scudder, Jones, King. SURGERY—Howe, Erichsen, Gross. ANATOMY—Gray, Wilson. OBSTETRICS—King, Scudder.

Boarding.—We take especial pains to select boarding in private houses, where our students will have the comforts of a home, and at the same time have quiet rooms to pursue their studies. To accommodate those of limited means, the Treasurer provides rooms where students may board themselves, bringing their expenses below three dollars per week. Those who intend to pursue this course, would do well to write two or three weeks in advance, and bring with them a sufficient quantity of bed covering.

Information.—Students arriving by railroad, will do well to take the omnibus ticket, and have their baggage taken immediately to the College building, corner of Court and Plum streets, where they will get all necessary information in regard to boarding, etc. Letters to students should be addressed to "care of Eclectic Medical Institute, Court and Plum streets." But money packages by express, and letters containing valuables, should be to the care of John M. Scudder; thus preventing trouble in identification, and danger of loss. The Treasurer of the Institute will also receive the money of students on deposit, and pay it to them as they may need it during the session. The attention of the student is especially called to this paragraph, as it may save him much trouble, if not actual loss.

The office of the college is at 228 Court Street, in the College Building, where students will report on arrival and procure their tickets.

For further information, address—

JOHN M. SCUDDER, M. D.
Cincinnati, Ohio.

Admission of Women.

Women are admitted on the same terms, and have the same advantages as men. Private entrances and reception rooms are provided, and everything arranged for their comfort. There are already a sufficient number of applicants to insure a good class.

Extra Hospital and Clinical Facilities.

Facilities for the care of surgical patients have been provided, and operations will be performed before the class. Physicians will recollect that all medical treatment before the class is free of charge, and that in surgical cases, the charge will only be to cover necessary attendance after operations.

STUDENTS.

MATRICULANTS OF WINTER SESSION, 1879-80.

NAMES.	PRECEPTORS.	RESIDENCE.
Harley L. Leonard,	Dr. D. R. Allen,	New York.
Robert C. Wintermute,	Dr. A. P. Robertson,	Ohio.
Frank E. Locke,	Prof. F. J. Locke,	Kentucky.
Manchie E. Howard,	Dr. A. B. Howard,	Michigan.
James A. Monroe,	Dr. J. C. Butcher,	Ohio.
Charles S. Kellogg,	Dr. R. J. Simon,	Ohio.
Richard J. C. Eiche,	Dr. Wyle,	Illinois.
William E. Geddes,	Practitioner,	Iowa.
Josiah Young,	Dr. J. Kessling,	Ohio.
Jason Ruhle,	Dr. J. Smison,	Virginia.
Dennis J. Brannon,	Dr. A. L. Leonard,	Illinois.
Alfred W. Trevitt,	E. M. Institute,	Iowa.
David S. Reed,	Dr. Geo. Ingles,	Pennsylvania.
Charles McTaggart,	Dr. E. Hubbard,	Indiana.
Ezra M. Rockwood,	Dr. A. F. Neely,	Kansas.
Albert C. McGee,	Dr. Joseph Taylor,	Indiana.
James A. Shelton,	Dr. O. J. Duff,	Indiana.
John W. Rutter,	Dr. O. J. Duff,	Indiana.
George A. Neal,	Dr. A. L. Goodin,	Illinois.
James V. Conover,	Dr. F. S. Stanger,	New Jersey.
William C. Beckett,	Dr. R. T. Laycock,	Ohio.
John C. Box,	Dr. J. J. Box,	Iowa.
Edwin G. Mason,	Dr. E. C. Whiting,	Kansas.
William A. Montgomery,	Dr. W. C. Fain,	Tennessee.
Jacob Coble,	Practitioner,	Indiana.
Ernst E. Genglebach,	Dr. A. J. Smith,	Indiana.
John H. Fritz,	Dr. O. E. Tillson,	Ohio.
Arthur M. Cline,	Dr. E. Sloan,	Ohio.
George E. Potter,	Dr. L. T. Beam,	Pennsylvania.
Sylvester Newlin,	Dr. W. L. Newlin,	Indiana.
Alfred S. McCaskey,	Dr. B. F. Payne,	Ohio.
Harry B. Ludwig,	Dr. Geo. Crofford,	Michigan.
Stephen Slater,	Practitioner,	Rhode Island.
James Smith,	Dr. E. Smith,	Ohio.
Jonas Walter,	Dr. W. Walter,	Indiana.
Ezra King,	Dr. Jacob Lee,	Arkansas.
Jason Evarts,	Dr. J. Simon,	
Jesse Williams,	Practitioner,	
Orland Schimdt,	Dr. B. Black,	

NAMES.	PRECEPTORS.	RESIDENCE.
Noah Wilts,	- Dr. A. Bliss,	- S. Carolina.
A. J. Rubard,	- Practitioner,	- Oregon.
Emery Smith,	- Practitioner,	- Ohio.
William James,	- Practitioner,	- Wash. Ter.
A. Marcus,	- Dr. A. P. Sparks,	- W. Virginia.
Francis Joseph,	- Dr. Phillips,	- Kentucky.
Walter Stephens,	- Dr. E. P. Overman,	- N. Carolina.
E. P. Lukes,	- Practitioner,	- Virginia.
Elmer A. Converse,	- Practitioner,	- Ohio.
James D. Williams,	- Dr. L. A. Howard,	- Michigan.
John Horner,	- Practitioner,	- Kansas.
Eugene L. Rice,	- Dr. J. H. Clark & Son,	- Missouri.
Frank M. Cornell,	- Drs. Wickham & Irwin,	- Indiana.
Augusta R. M. Schaefer,	- Drs. Wickham & Irwin,	- Indiana.
William W. Jones, Jr.	- Dr. R. H. Wiggins,	- New York.
Aaron L. Gibbs,	- Practitioner,	- New Jersey.
David Ashum,	- Dr. J. W. Waterhouse,	- Michigan.
William A. R. Wickham,	- Dr. Wickham,	- Indiana.
Albert Reichard,	- Dr. V. Reichard,	- Maryland.
Avery E. Alden,	- Dr. A. E. Luton,	- Michigan.
Shadrach T. Newson,	- Dr. B. D. Joslin,	- Michigan.
Oscar L. Cole,	- Dr. C. Gaskins,	- Ohio.
Joseph B. Barker,	- Dr. W. D. Cole,	- Ohio.
Bishop McMullen,	- Drs. Stimson & Williams,	- Ohio.
Edson C. Barker,	- Dr. E. L. Baker,	- New York.
Alexander. T. McMurtrey	- Dr. J. M. McMurtrey,	- Missouri.
Orland B. Crist,	- E. M. Institute,	- Ohio.
Winfield S. Ross,	- J. M. McIlHannev,	- Ohio.
John R. Spence,	- J. M. McIlHannev,	- Ohio.
Edwin C. Anderson,	- Practitioner,	- Michigan.
A. Benjamin Conklin,	- Dr. A. Conklin,	- Michigan.
August Crance, Jr.	- Dr. J. T. Ricker,	- Ohio.
Rolla L. Thomas,	- Dr. M. L. Thomas,	- Ohio.
George W. LaFollette,	- Dr. E. W. Moon,	- Indiana.
Horace B. Strattan,	- Dr. C. W. Witt,	- Indiana.
Theophilus Taylor,	- Dr. Jas. Taylor,	- Ohio.
Abel Darling,	- E. M. Institute,	- Illinois.
William B. Doan,	- Dr. C. Gaskins,	- Ohio.
Benjamin F. Spelbring,	- Dr. W. L. Chamberlin,	- Indiana.
Charles Beaver,	- Dr. C. Beaver,	- Canada.
Odus D. Simmons,	- Dr. I. N. Brown,	- Ohio.
Homer F. Stoddard,	- Dr. H. Stoddard,	- Illinois.
William E. Richards,	- Dr. D. Richards,	- New York.
Marion Lightfoot,	- Dr. Marcus,	- Maine.
John K. Oakly,	- Practitioner,	- Indiana.

NAMES.	PRECEPTORS.
Jesse Omer, -	Dr. I. Black, -
John L. Smithers, -	Dr. P. Ormand, -
Albert Sayler, -	Dr. A. J. Sayler, -
John W. Cosford, -	Dr. Michael, -
Sherman E. Simmons, -	Dr. D. M. Keith, -
Thomas P. Antle, -	Dr. F. P. Antle, -
George E. Case, -	Dr. F. J. Rosenberg, -
John N. Davis, -	Dr. W. W. Davis, -
John J. Maless, -	E. M. Institute, -
Marion Luther, -	Dr. J. Boskins, -
Judson Meron, -	Dr. F. Blachley, -
Walter Hawkins, -	E. M. Institute, -
Andrew J. Bliss, -	Dr. W. F. Bliss, -
Norman W. Darrow, -	E. M. Institute, -
Alsey B. Young, -	Dr. W. H. Tucker, -
Paul T. Butler, -	Dr. R. W. Butler, -
Jonathan J. Evans, -	Dr. T. E. Evans, -
Charles S. Hackett, -	Dr. E. C. Perry, -
Nelson H. Cornwell, -	Dr. A. C. Moore, -
George A. Hollister, -	Dr. F. W. Schneerer, -
George D. Kimball, -	Dr. W. A. Tarbox, -
Stephen D. Miranda, -	Dr. J. M. Austen, -
Hollis O. Sarber, -	Dr. H. J. Harter, -
Ira W. Clark, -	Dr. J. W. Clark, -
S. H. Riley, -	Graduate, -
John S. Hamilton, -	E. M. Institute, -
Charles N. Hodson, -	Dr. J. M. Austen, -
Frank H. Lawrence, -	Dr. J. E. Walker, -
George M. Calvin, -	E. M. Institute, -
Henry D. Smith, -	Dr. Jos. S. Knowles, -
Schuyler C. Drollinger, -	Dr. E. M. Drollinger, -
William N. Holmes, -	Dr. R. A. Clopton, -
Augustus P. Hauss, -	Dr. W. W. Shriner, -
David M. Shoemaker, -	Dr. O. J. Duff, -
Clement T. Guillaume, -	Dr. Cordell, -
James S. Hayes, -	Dr. P. H. Griffin, -
Lewis B. Dawley, -	Dr. E. L. Baker, -
Eldridge D. Flagg, -	Practitioner, -
LeRoy Rogers, -	Practitioner, -
John C. Lampman, -	Graduate, -
Francis M. Ihrig, -	Practitioner, -
Adam C. Ford, -	E. M. Institute, -
Simpson Ekermeier, -	Dr. W. Ekermeier, -
John Henry, -	Dr. C. L. Smizer, -
D. Jules Moorbank, -	Practitioner, -

PRECEPTORS.	RESIDENCE.
- Dr. S. C. Rusmisell,	- W. Virginia.
Dr. H. N. Brown, -	Massachusetts
- Dr. James Lore,	- Pennsylvania.
Dr. O. Churchill, -	Ohio
- Dr. J. M. Shutt,	- Indiana.
Dr. J. E. Inskeep, -	Indiana.
- Dr. S. H. Davis,	- Indiana.
E. M. Institute, -	Kansas.
- Practitioner,	- Kansas.
Dr. J. P. Harriman, -	W. Virginia.
- Dr. H. DeCrow,	- Ohio.
Dr. J. Conant, -	Michigan.

ITS OF SPRING SESSION, 1880.

PRECEPTORS.	RESIDENCE.
Dr. J. M. Shutt, -	- Indiana.
- Dr. J. E. Inskeep, -	Indiana.
Dr. S. H. Davis,	- Indiana.
- Practitioner, -	Kansas.
Dr. J. P. Harriman.	- W. Virginia.
- Dr. H. De Crow -	Ohio.
Dr. J. Conant,	- Michigan.
- Dr. J. M. Austen, -	Ohio.
Dr. E. L. Baker,	- New York.
- Dr. F. L. Gerald, -	Massachusetts
Dr. D. J. Warren,	- Arkansas.
Dr. D. M. Keith, -	Ohio.
- Dr. W. C. Woodcox,	- Indiana.
Dr. W. W. Finley, -	Nevada.
- Dr. A. J. Saylor,	- Illinois.
Practitioner,	- Nebraska.
- Dr. J. H. Clark & Son,	Missouri.
E. M. Institute,	- New York.
- E. M. Institute, -	Nebraska.
Dr. O. J. Duff,	- Indiana.
- Dr. J. A. Waterhouse,	Michigan.
Practitioner,	- Iowa.
- E. M. Institute, -	Ohio.
Dr. L. F. Stanger,	- New Jersey.
- Practitioner, -	New Jersey.
Dr. W. H. Outland,	- Ohio.
- Dr. C. C. Camp, -	Indiana.

NAMES.	PRECEPTORS.	RESIDENCE.
James S. Hayes, -	Dr. P. H. Griffin, -	Iowa.
Augustus R. Schaefer,	Drs. Wickham & Irwin,	Indiana.
Ellis B. Guild, -	E. M. Institute -	Iowa.
Paul T. Butler,	Dr. R. W. Butler, -	Iowa.
Dennis J. Brannen, -	Dr. A. L. Leonard, -	Illinois.
James R. Klyce, -	Graduate, -	Tennessee.
Elmer A. Converse, -	Practitioner, -	Ohio.
Abel L. Darling, -	E. M. Institute, -	Illinois.
Frank M. Cornell, -	Dr. Wickham, -	Indiana.
Abram Watters, -	Practitioner, -	Kansas.
Silas Ruch, -	Dr. Watters, -	Nebraska.
Emery Pillsbury, -	Dr. P. T. Upham, -	S. Carolina.
John Wesley Black, -	Practitioner, -	Illinois.
John Wahley, -	Practitioner, -	Mississippi.
Abel Jones, -	Dr. E. P. Luke, -	Florida.
Amasa DuRaub, -	E. M. Institute, -	Indian Ter.
William W. Wallace, -	Dr. J. W. Alford, -	Kansas.
John W. Fillson, -	Dr. W. H. Outland, -	Ohio.
Samuel N. Aller, -	Dr. J. M. Shutt, -	Ohio.
Charles L. Sturdevant,	Dr. R. B. Morton, -	Nebraska.
Simpson Ekermeyer, -	Dr. W. Ekermeyer, -	Ohio.
Rolla J. Thomas, -	Dr. M. J. Thomas, -	Ohio.
Harry B. Ludwig, -	Dr. Geo. Crofford, -	Michigan.
Alsey B. Young, -	Dr. W. H. Tucker, -	Tennessee.
George G. Eblen, -	Dr. J. M. Sweezy, -	Indiana.
Charles Beaver, -	Dr. C. Beaver, -	Canada.
John W. Kratzer, -	-	-
Charles N. Smith, -	Dr. F. M. Schneerer, -	Ohio.
John Horner, -	Practitioner, -	Kansas.
James P. Francis, -	E. M. Institute, -	Alabama.
Joseph M. Gamble, -	Dr. James Gamble, -	Kansas.
Tilghman A. H. Cones,	Dr. W. F. Curryer, -	Indiana.
John C. Helper, -	Dr. F. McClanahan, -	Missouri.
John C. Watts, -	Dr. Geo. T. Watts, -	Georgia.
George F. Sewell, -	Dr. Geo. T. Watts, -	Georgia.
Frank E. Locke, -	Prof. F. J. Locke, -	Kentucky.
Norman W. Darrow, -	E. M. Institute, -	New York.
Edwin C. Anderson, -	Practitioner, -	Michigan.
George A. Hollister, -	Dr. F. W. Schneerer, -	Ohio.
Tilman A. H. Lowe, -	Dr. G. W. Hull, -	Kansas.
Jackson Hoover, -	Practitioner, -	Pennsylvania.
Thomas Kirk, Jr. -	Drs. E. J. & M. A. Kirk, -	Pennsylvania.
Frank Morison, -	E. M. Institute, -	W. Virginia.
Thayer H. Lamonte, -	Dr. A. V. Watkins, -	New York.
Charles F. Hera, -	Dr. A. C. Moore, -	Ohio.

Shutt,	Practitioner,	Ohio.
Spin,	Practitioner,	Indiana.
Farrar,	Dr. T. A. Barr,	Missouri.
W. A. White,	Dr. J. W. White,	Ohio.
Hooper,	Graduate,	Illinois.
Losey,	Dr. J. W. Johnson,	Illinois.
S. Hopkins,	Dr. E. B. Hopkins,	Massachusetts
James,	Dr. E. Phillips,	Louisiana.
Lacks,	Practitioner,	Illinois.
J. Holstien.	Dr. Black.	Minnesota.
George,	E. M. Institute,	Ohio.
Adler,	Dr. M. Marks,	Georgia,
Harvey,	Dr. F. M. Hackleman,	Indiana.
Antle,	Dr. F. P. Antle,	Illinois.
Smith,	Dr. F. M. Schneerer,	Ohio.
Williams,	Dr. W. M. Medcalf,	Indiana.
.	Practitioner,	New York.
Plinger,	Dr. I. Kessling,	Ohio.
J. Taylor,	Dr. Jas. Taylor,	Ohio.
Malton,	Practitioner,	Arkansas.
Campbell,	E. M. Institute,	Pennsylvania.
Huston,	Jennie K. Trout,	Canada.
Burnett,	Dr. J. T. Lillibridge,	Ohio.
Asper,	Graduate,	Illinois.
Hittaker,	Dr. W. Protzman,	Ohio.
Howell,	Dr. J. C. Butcher,	Ohio.
Andrews,	Practitioner,	Ohio.
Ng,	Dr. Eberly,	Oregon.
Whister,	Dr. Moorbank,	Texas.
Clurg,	Dr. J. J. Philander,	Louisiana.

GRADUATES OF THE SESSIONS OF 1879-80.

NAMES.	TITLES.
Ira W. Clark, Indiana,	<i>Consumption.</i>
Harley L. Leonard, New York,	<i>Elongated Uvula.</i>
Frank H. Lawrence, New York,	<i>Blennorrhagia.</i>
Oscar L. Cole, Ohio,	<i>Duties and Trials of a Physician.</i>
Henry D. Smith, Illinois,	<i>Remittent Fever.</i>
George E. Potter, Pennsylvania,	<i>The Laws of Maternal Impressions.</i>
Jacob Coble, Indiana,	<i>Bilious Fever.</i>
A. Benjamin Conklin, Michigan,	<i>Consumption.</i>
Augustus P. Hauss, Indiana,	<i>The Nervous System.</i>
Odus D. Simmons, Indiana,	<i>Erysipelas.</i>
Peter J. Stouffer, Pennsylvania,	<i>Nephritis.</i>
John H. Imme, Ohio.	<i>Pertussis.</i>
Jonathan J. Evans, Ohio.	<i>Scarlatina.</i>
Francis M. Ihrig, Indiana,	<i>Conception.</i>
John W. Cosford, Canada,	<i>Medicine.</i>
Edson Cicero Barker, New York,	<i>Electro-Therapeutics.</i>
Leroy Rogers, Indiana,	<i>Fever.</i>
John N. Davis, Iowa,	<i>Stricture of the Urethra.</i>
William A. R. Wickham, Indiana,	<i>Typhoid Fever.</i>
Charles S. Hackett, Ohio,	<i>Typhoid Fever.</i>
Nelson H. Cornwell, Ohio,	<i>Spontaneous Generation.</i>
Eldridge D. Flagg, Wisconsin,	<i>Acute Pneumonia.</i>
Manchie E. Howard, Michigan,	<i>Syphilis.</i>
George W. Davis, Indiana,	<i>Nursing the Sick.</i>
Daniel S. Taplin, Michigan,	<i>Scarlatina.</i>
W. Allen Jones, Arkansas,	<i>The Pneumogastric Nerve.</i>
William H. Raley, Nevada,	<i>Disease, its Moulds Operandi.</i>
Edwin C. Anderson Michigan,	<i>Preservation of the Eyelid.</i>
Joseph M. Gamble, Kansas,	<i>Percussion.</i>
David O. Roberts, Ohio,	<i>Albuminuria.</i>
Lewis B. Pawley, New York,	<i>What's in a Name?</i>
James V. Conover, New Jersey,	<i>Dyspepsia.</i>
John Lord, New York,	<i>Cephalalgia.</i>
Thayer H. Lamonte, New York,	<i>Typhoid Fever.</i>
Thomas Kirk, Jr., Pennsylvania,	<i>Dipsomania.</i>
Charles L. Sturdevant, Nebraska,	<i>Digestion.</i>
Washington A. White, Ohio,	<i>Diphtheria.</i>
Rolla L. Thomas, Ohio,	<i>Progress.</i>
John Horner, Kansas,	<i>The Doctor.</i>
Alsey B. Young, Tennessee,	<i>Inflammation.</i>

Daniel Keplinger, Ohio,	<i>Erysipelas.</i>
Clement T. Guillaume, New York,	<i>Specifics.</i>
George J. Eblen, Indiana,	<i>The Blood</i>
Philetus C Topping, Kansas.	<i>Causes of Disease in the West.</i>
Jackson Hoover, Pennsylvania,	<i>Little Wounds.</i>
James C. Andrews, Ohio,	<i>Management of Labor.</i>

PASSED THEIR EXAMINATIONS.

Harry P. Ludwig, Michigan,	<i>Placebo Treatment.</i>
Elmer A. Converse, Ohio,	<i>Specific Medication.</i>
Paul T. Butler, Iowa,	<i>Hemorrhoids.</i>
David M. Shoemaker, Indiana,	<i>A thorough knowledge of Anatomy essential to the successful Practice of Medicine.</i>

GOLD MEDAL.

Rolla L. Thomas, Ohio.

SILVER MEDAL.

Paul T. Butler, Iowa.

POCKET-CASE—*Best Dissections.*

James S. Hayes, Iowa.

BAND PRIZES.

The first prize was taken by Mr. Paul T. Butler, of Manchester, Iowa, with an average of 96 per cent.

The second prize was taken by Mr. James S. Hayes, of Maquoketa, Iowa, with an average of 88½ per cent.

The third prize was taken by Mr. Harry B. Ludwig, of Burr Oak, Michigan, with an average of 86 per cent.

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ORIGINAL COMMUNICATIONS.

Art. LVIII.—An Improvement in Fracture Dressing. By W. H. GEORGE, M. D., Independence, Cal.

On the 17th of June, 1879, by the sudden and unexpected giving way of rock over head in a stope of the "Big Blue" mines, several men were injured more or less seriously. Wm. Outs was of the number sustaining lesions. He received a few unimportant cuts and bruises about the head, face, and neck. He had been taken to the foreman's office outside the mine and was sitting in a chair when I first saw him. His comrades had removed his shirt, and were washing his body. A glance on my part revealed a lack of symmetry in the two shoulders. I mentally diagnosed dislocation of left shoulder, but upon close inspection I found I could readily move the arm. By lifting on the elbow I could lift it upwards, and by so doing would obliterate the space below acromion process that was observable before the arm was so supported. The humerus would not stay in place, although easy to put it in a natural position; and if put in the normal attitude it would not stay there.

The patient by the help of his friends was able to walk four hundred yards, to his boarding place. All the while my mind was inquiring what might be the real condition of the lesion. I knew it was not a luxation of the shoulder, for no degree of mobility was lost,—if anything it was increased. I thought of all the injuries that might happen to the shoulder, and hit upon none which filled the bill, till I called to mind the case of "Fracture of the neck of the Scapula," reported by Prof. Howe in his work on "Fractures and Dislocations." Upon a re-examination I found all the detailed signs except crepitus.

It was clear to me now that the neck of the scapula was broken, the glenoid cavity and coracoid process being carried downward with one fragment, and leaving the acromion process, spine of the scapula, etc., with the other fragment. I report the case for the purpose of describing

the dressing I adopted. It answered so good a purpose in this case that it may prove valuable to others. It is new so far as I know.

The fracture seemed dentate, and exact coaptation could not be accomplished. This accounts for the absence of crepitus. An adhesive strip was passed under the elbow and over the shoulder; while the parts were held in as exact a position as practicable. Then a part of Fox's dressing for fractured clavicle was applied. At first this seemed all that was necessary, but when I saw my patient again in the evening I found that there was not sufficient support to the shoulder; that the weight of the arm tended to drag the arm downwards; that the adhesive strip was not well borne; that it was annoying. The accompanying cut will enable the reader to understand the dressing I then applied, and which I will attempt to describe.

I took a piece of three inch bandage of sufficient length, say about thirty inches, and sewed the ends together, and layed this over the injured shoulder with a compress under it covering acromion. It will be observed that this formed a loop in front and behind the shoulder. I then took another piece of bandage about two yards long and four inches wide. This piece was folded in the middle and the elbow placed in the fold, and was securely stitched to the hood of "Fox's dressing" (which was permitted to remain.) I then passed the ends of the long bandage up and through the loops of the first described piece, carrying one end across the body in front and the other across behind and tied them to the ring of "Fox's dressing" on the opposite shoulder. I then had a purchase that enabled me to exert force both ways. The weight of the arm with this appliance, assisted to force the fragments together. The chief difficulty in treating this fracture will be found in keeping the fragments in apposition, for the weight of the arm tends to drag them asunder. There was no further difficulty after this. The patient made a good recovery. The parts were stiff for some weeks after the dressings were off, but Mr. Onts evidently recovered the full use of the arm. While the shoulder was yet somewhat stiff, soon after being re-



Figure 1 is a front aspect of supporting strap.

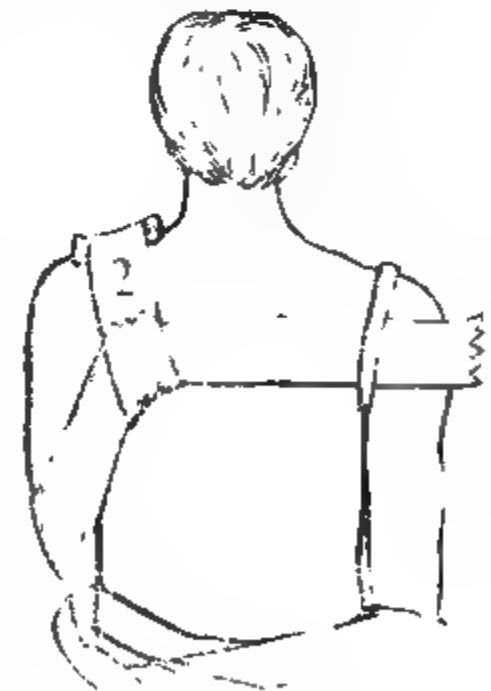


Figure 2 is a posterior aspect of supporting strap.

leased from its confinement, the patient conceived the idea that something better might have been done for him, consequently he called on one of the best surgeons in the State, but was by him informed that the result had been extraordinarily good. The modified dressing was presumed to have contributed not an unimportant part of the satisfactory result.

Fractures of the neck of the scapula are so exceedingly rare that the most experienced surgeons ever see but few, I never expect to see another. But the novel feature of the dressing will answer a good purpose in the management of several injuries of the shoulder, as well as fracture of the clavicle. Strips of adhesive plaster will do without the ring which belongs to the "Fox dressing."

Art. LIX.—Cimicifuga. By PROF. J. U. LLOYD.

Dr. H. F. Gleason, of Portland, Maine, requests a few answers through the *Journal* and an article upon this plant, and the preparations, more especially those prepared from fresh *Cimicifuga*, and the drug known as *macrotin* or *cimicifugin*.

When fresh the rhizome (generally called root) of this plant is brown externally and almost white internally. It is covered upon the under side with an abundance of fleshy fibers, and when freshly dug, weighs from four ounces to five pounds. If the rhizome be carefully dried at a temperature of 100° F., the internal color will be brownish, while all the fractured surfaces will be very dark, often black. In early days the decoction of the fresh plant was experimented with, and quickly followed by tinctures of the dried plant, then the fluid extract and resinous principle were introduced.

Dried Cimicifuga produces with alcohol a very dark tincture or extract. It has a sweetish taste followed by a disagreeable acrid sensation and a smoky odor. It contains principally a resinous substance in solution together with extractive matters, some common to most plants. When a concentrated tincture of dried *cimicifuga* is poured into water, a precipitate falls, that when dried is known as *macrotin* or *cimicifugin*. This precipitate was introduced to the medical profession by Prof. John King, who has used it in his practice since 1835. It seems, in certain cases, to be a valuable remedy, but Prof. King says that it differs in its action from the dried root, "as a parturient it is inferior to the powdered root." —*Am. Dispensatory*. This is plausible inasmuch as the resinous principle is a part of many substances obtained from dried *cimicifuga*. It cannot be expected that it will fill the place of a tincture which holds in solution other principles that associated with the resinous modify its action, or that are distinct therapeutical agents.

Fresh Cimicifuga is almost pure white when freshly sliced, or when broken. It is crisp, firm, exhales a peculiar odor and has a sweet taste. It contains a considerable amount of juice but no brown resin or black extractive matter, (the brown outside of the rhizome excepted) If it be sliced very thin and placed in alcohol the slices at once turn pink, while the juice is dissolved by the spirit together with other principles, the resultant tincture having a whisky color. When quite concentrated

it is brownish, the coloring matter coming mostly from the exterior of the rhizome. This tincture has a different taste produced from the dried rhizome and possesses the same as the fresh rhizome as can be best shown by mixing a drachm with an ounce or so of water. It produces a white turbidity with water, followed in time by a deposition of white matter. Especially when the tincture of the fresh rhizome is kept for some time, especially after exposure to severely cold weather, the inside of the glass comes coated with a white precipitate. I cannot permit myself to argue against the therapeutical action of any of the foregoing, but most certainly cannot take part against the assertion that the fresh rhizome is different from the dry. There are too many reasons for this of principles existing in fresh plants, often very powerful, which are absent from the dry. Indeed, in 1871 Mr. T. E. Conner, of the *fresh* root of *cimicifuga* an intensely acrid sharp taste, which this has never been identified in dry *cimicifuga*. Nevertheless, with any that say a nice tincture cannot be made from the dried root, for to my experience little trouble is found in making a tincture by maceration, and I have received specimens of tinctures made by late graduates of the E. M. Institute that are made of eight parts of *Cimicifuga* to the pint of menstruum, and by the facilities and correct manipulation, a tincture which retains the medicinal principles of sixteen troy ounces of the fresh root may be readily prepared. It seems to me that the two who made the assertion that his house could not prepare tinctures on account of the juice in the plants, was talking anxiously to sell a tincture of dried roots, and giving his

The other questions pertain to the therapeutical action rather than chemistry and pharmacy.

Art. LX.—*Veratrum Viride* in *Erysipelas*, and its Application. By Prof. E. FREEMAN, M. D.

Mrs. N., a German lady about 70 years of age, injured her hand by a window sash falling upon it. The abrasion was treated by herself, with a salve and wet application. After the injury, instead of the hand being well, it began to swell, became red and slightly blistered in small patches. I saw her, and found her to be in her usual health as she related the accident to her hand. It was evidently a traumatic.

In the treatment of this case, I thought that I could not remedy, tincture chloride of iron, which I proceeded to administer internally and externally. It had no effect in stopping the disease, which gradually extended up the arm to the axilla, becoming much swollen. I also had given quinine internally, and the tincture of *veratrum viride* externally, and had applied it every four hours, and covered by a dry bandage with the quinine, prussiate of iron in pill, and cincho

and gave her what wine she would drink, with beef tea and nourishing food. Under this treatment the swelling became arrested by the first application of the veratrum, and she gradually recovered. I attributed the failure of the acid tincture of iron to arrest the disease to a condition of the system marked by a heavy white coat on the tongue.

Mr. S., a colored man about 60 years of age, was seized with a chill, and pain and swelling of dorsum of foot, which proceeded from a slight abrasion on one of the small toes. The soreness extended to the groin, and redness and swelling crept up to the ankle. He had on several previous occasions been subject to chills. His tongue was coated yellow and soft at the base. He seemed weak, feverish, and nervous.

I gave for treatment mild podophyllin pills, and aconite and veratrum internally, with quinine and citrate of iron as an antiperiodic. I had the foot painted every four hours with tincture of veratrum viride wherever there was any appearance of redness or swelling, applying also a very weak lotion of aconite and arnica with a cloth. The disease was quickly arrested in its progress without any change in the application, and he was soon well enough to attend to his work.

I have used this remedy as an external application in cellulo-cutaneous erysipelas in other cases with like success. The evaporation of the alcoholic menstruum leaves a gummy coating on the skin, which protects the inflamed surface from the air. I suppose there is also some local absorption of the remedy, which may affect the capillary circulation in a manner similar to what it affects the general circulation when administered internally.

Art. LXI.—*Asclepias Tuberosa* in Treatment of Pleurisy.

By Dr. D. E. ANDERSON, Arkansas City, Kansas.

In October, 1878, while practising medicine in the State of Indiana, I treated my first case of pleurisy. The patient was a man about thirty-five years of age, and a blacksmith by trade. I was called first to see him early in the morning, and found him suffering most intensely. The pain was located in the lower and lateral part of the chest, and with the exception of a full and bounding pulse, there seemed to be no other deviation from the normal standard of health; for up to the time of attack he had enjoyed good health, and had been working in his shop from day to day. However, I soon learned that he had suffered from previous attacks of the same kind, but not recently; and his wife volunteered the information that as a treatment in these previous attacks venesection had been resorted to with entire success, as the patient had been relieved immediately; and she mildly suggested that the same treatment be adopted then and there. At any rate, she wanted me to relieve him in some way, and the extreme suffering of my patient was reminding me every moment that the time had come to act, that something must be done, and that promptly too. Prescribed *Asclepias tuberosa*, one-half teaspoonful every fifteen minutes, gradually increasing the dose to a teaspoonful. Also, *Veratrum viride* gtt. x., water ℥iv., teaspoonful every half hour. Ordered a mustard draft to be applied to chest and renewed frequently. In one hour from time of giving the first dose my patient

began to get better, and inside of another half hour he was free from pain, and feeling as comfortable as possible under the circumstances.

The next night I was called about 11 o'clock to see a man whom I found to be suffering from another attack of pleurisy as severe as the first had been. I put him on the same treatment with the same gratifying result in about the same length of time. Being symptoms of periodicity, and the patient's surmised malarial poison, I prescribed quinine in three-grain doses during the next day. Result, no more pleurisy in his case. He remained in that vicinity.

A short time since, my partner, Dr. J. H. Griffith, of Detroit, experienced something similar to my own, as related above. On the m. of April 6th, of this year, he was called to the bedside of a man who had become very much debilitated from overwork as a graph operator, and for some time had been suffering from pleurisy and other symptoms which point very strongly to development of pulmonary tuberculosis. The doctor found his patient suffering from pleuritic pain from an attack of pleurisy, and as I had related my experience day or two before my experience with *Asclepias tuberosa*, he decided to give the drug a trial in this case. He commenced with thirty-drop doses of the fluid extract every fifteen minutes, and in three-quarters of an hour his patient was entirely relieved of pain and soon went to sleep and slept soundly until morning.

The doctor was very profuse in his praises of *Asclepias* when I saw him, and declared that with an experience of many years in practising medicine, he had never seen anything so factorily than it did. As I expected, however, he was called to see the same man about the same time as before, to see the same man suffering with another attack of pleurisy, but not so severe as the first one had been, and this time he was relieved by the same treatment in a shorter space of time. The attacks continued to recur for some time, but were less severe at each recurrence, and was relieved by *Asclepias* alone, and has now had no more pleurisy for several days.

We are well aware of the fact that *Asclepias* has been "set on a shelf" by a great many physicians as a comparatively useless agent, but my experience, together with that of my partner, leads me to believe that it is one of our most useful agents, and one that cannot be overrated. Given in small doses we would not expect much from it in the treatment of inflammation of the pleura, but a good extract given in full doses we are confident, act specifically, and relieve the patient.

Art. LXII.—Case in Practice. By F. M. STEAR, M.D., Detroit, Michigan.

PROF. SCUDDER—*Dear Sir* : I will give you the history of the case I have been treating, and desire to have your counsel in regard to the disease and treatment. Two physicians treated her

we all differ. Mrs. S., aged 40 years, was always well until March, 1879, when she began to complain of her stomach. She first began to feel sick just before getting up in the morning; would spit up a mouthful of a green, bitter substance, and would feel better after getting up, but it would return when her stomach would get empty. In the course of a few days she had a spell of vomiting, and threw up a pint or more of a green, bitter fluid; a diarrhoea then set in, and in three or four days began to feel better, and felt well and ate well for about a week, when she would vomit up the green, bitter fluid, and pass through the same symptoms as before. By spells she complains of a numbness of her fingers and toes. Her tongue was almost natural; it was a little sore at tip and edges by spells, the size and color were normal. The skin was rather harsh and dry, temperature 99° F., pulse small and feeble. The diarrhoea had been bad for about four weeks, and when I began to treat her she was having fifteen to twenty evacuations from the bowels every twenty-four hours.

When I began to treat her, which was about six months after she was taken, she told me that she had never had the *first pain* since she was taken sick, and yet she was gradually losing flesh and strength. Digestion and appetite were good, except when she had vomiting spells; no sour eructations; food did not nauseate; no gnawing or sinking sensations, but when she would get tired it would always go to her stomach.

My treatment was as follows: Aconite in small doses, with the proper baths, for the dryness of skin and increased temperature, leptandrin and podophyllin triturated with white sugar, for a stimulant to mucous follicles of stomach and bowels, and oxide of zinc for the increased secretion of mucus. Under this treatment the skin got moist and cool, pulse got stronger, bowels were natural after the first three days, and altogether my patient rapidly improved. In three weeks she considered herself well, and in spite of all I could say, discontinued to take medicine.

About three months after she quit taking medicine, her health began to fail again, and now she is worse than ever. She is very anæmic, skin yellow, palpitation of heart, dizziness, appetite poor, mucous membrane very pale, etc. If from this poorly arranged history you can give me any advice, I will gladly follow it and report the effect.

Art. LXIV.—"The Eighth Sense." By A. J. HOWE, M. D.

In the May issue of the *Journal* our Prof Scudder dips his editorial spoon into a side dish by declaring that we are endowed, in addition to several other special senses, with the particular gift of looking into ourselves, whether we see as others do or not. The alleged new faculty enables us to be *self-conscious*, that is to say, "If I be not Scudder, who the Dickens am I?" Somewhere the remark has been casually made that, "'tis a wise son that knoweth his own father." To possess that faculty the child should not only have an "*eighth sense*" to know himself, but a *ninth*, which should enable him to recognize his paternal progenitor.

Dr. Scudder, like most strong minded people, has peculiarities; and one of the most conspicuous of these is his manner of treating the sayings and reasonings of his fellow men. At a stroke of his hand he wipes them

away as if they were cob-webs, and then complacently dogmatic arguments, apparently not thinking whether vulnerable or not. He opens his battery on me as follows: "The question of whether the mind is a secretion or is a secretion of the liver as long as we choose, and given the nature of things we cannot get physical evidence. He learns for himself, from himself, by an analysis of his consciousness, and if he ever has any real evidence of it, it will be through the exercise of the 'eighth sense.'"

It will be seen by the above quotation that we lack "evidence" in regard to the secretion of bile and the generation of bile. The most demonstrable proof of a dual state is to be found in the vagaries of a lively imagination while under the influence of drugs. To try to analyze and understand itself! Is that the "eighth sense" which is so convincing? Dr. Scudder, upon a sober reflection, knows that those inner reflections upon self are as untrustworthy as the ravings of a man in a mad-house. No eminent jurist would give such evidence under serious consideration.

What is the insurmountable difficulty in attempting to determine the functions of the liver, or of mental operations calling for the brain, especially as the manifestations are observed only in vague self examinations? We have a chronic hepatic action; and late investigations have localized the functions of the brain, therefore it cannot be justly said that the operations of the liver and brain are unknown or unknowable.

Another feature of Scudder's careless way of stating facts reads as follows: "The eighth sense is the consciousness of the fact that the mental or real man is independent and is distinct from the body. Man and his animal body are two very distinct things."

Now, the two qualifying words, *independent* and *distinct*, are not as used above. To illustrate: Scudder's spirit, as a "distinct" entity, wishes to take a journey and examine the interior of the Sistine Chapel, but accidentally he breaks his femur just as he is about to enter the chapel. Can the mental part of our friend, as a "distinct" entity, go on the journey without taking the maimed limb on the journey? If Scudder would write a book, but a typhoid fever poisons his mind so that the mind is too disordered for methodical work, in such a condition, what about independent and distinct action? If the mind is disordered, the disordered mind and body suffer together, and are joined to the other.

Scudder often takes a vacation for the sake of resting his mind, and very wisely too, yet in his recreative travels does he leave the body? The mind becomes weary, annoyed, and exhausted, but rest and diversion restore it to strength and usefulness, and the body has to be rested at the same time. One is not independent of the other, but both live and move together.

Again, the doctor says: "One will at times realize that he lives in this body, as he realizes that he lives in his cell, or in his house." Yes, it is common to speak of the body as a house, and to say "I live in it," but the expression is simply a figure of speech.

logical. Take a quantity of chloroform, and what is the effect? The agent stimulates the circulation, and temporarily increases the heat of the body. The intoxicating (oxygenating) vapor makes the cerebral battery run rapidly, and ideas flow with corresponding speed, yet the exaltation does not separate the ethereal from the physical,—it does not divorce the mind from the brain. The nuptials of the two occurred in the germ; and death alone can put them asunder. The trouble with ordinary mortals is that the plain truth does not interest them,—they are ever seeking the mysterious and the fictitious, for only with the painted false are they charmed. The average mind is captivated with the dual action. It seems to think immortality is endangered without the doctrine, when it is everywhere acknowledged by physicists that not a particle of matter was ever created or ever will be annihilated. A man's soul must continue in some form forever.

In conclusion let us look at the dual doctrine in a personal way, taking the names of some individual in order to illustrate the reasoning. Young Sam Simon for instance was the son of his mother and the elder Sam Simon. From a compound parental germ the embryonic Sam naturally sprung. The progeny should certainly resemble the sire and dam, but it imitates neither,—it is a compromise between the two parents, and all the blood relations it ever had. Thus it would be with young Sam's mind, he would resemble his father and mother intellectually and morally, yet not strictly imitate either. His mental state would be a compromise between those of the two parents, and of all his predecessors.

The germinal body and soul of the coming Sam started together, and kept each company through gestation, boyhood, manhood, and till death in old age. They were young together, matured together, and they totter on together down the closing years of life. At no period of this vital career could the spiritual and intellectual Sam go or come without the physical Sam was along, then why talk about a dual Sam? The flesh and the spirit constituted the real and recognizable Sam. When a writ of *habeas corpus* drags the body of Sam Simon before the courts, it takes along the spirit, mind, and soul of the same Sam Simon. Both Sam, the spiritual and the physical, go to jail together, suffer together, and at length enjoy release together. In thus conducting this controversy am I quibbling, or does he quibble who asserts that Sam Simon is a dual being?

There is in every organism an intelligent attribute which exercises a beneficial influence over the structure. It is benumbed by cold, and enlivened by heat. It places digested materials where most needed; it makes all parts grow in harmonious proportions; it heals lacerated wounds and repairs broken bones; and generally conducts every operation for the good of the individual. This intelligence is distinct from that which originates in the brain. It labors methodically without the direction of the mind, and works just as orderly when the intellect is wholly diverted from the body's needs. In fact, we know little about this intelligent attribute of living beings. It manifests its presence in nascent beings, and never abandons the body till life ceases. It is associated with what is denominated the vital principle. Perhaps this ought to be deemed the *ninth* sense; it certainly has as good grounds for enumeration as the so-called *eighth*.

Art. LXIII.—What are the Conditions necessary to successfully Conduct Percolation?† By Prof. J. U. LLOYD.

A reply to this query may at first sight appear easy. On the contrary, the natural laws to be considered, and the various causes dependent upon manipulation that are continually influencing the process, render the subject complicated. Beyond doubt, however, all the discrepancies which manipulators meet in the result of work from time to time, and the recorded variations of different operators, are due to causes that may be understood and overcome to a very great extent. Natural laws govern the process of percolation, and to carry on our work so as to make the most judicious application of these laws to the object in view should be the desire of the manipulator. Percolation, as connected with the work of the pharmacist has of late years become very important. Few appreciate the very great amount of medicine prepared in this manner, and I think it may truly be said that this very interesting part of the business of the pharmacist is overlooked in many instances.

It is desired that the result of the investigations tabulated in the paper to follow, may assist in throwing a little light upon some of the points we have mentioned and others that are obscure. In many instances old ground is undoubtedly traversed, but it was deemed best to follow the chain of argument regardless of former investigations. Let it be remembered that these arguments are brought forward, and experiments instituted with the object of study in actual laboratory management, and not for the purpose of upholding preconceived opinions. It is to be hoped that those who criticise will bring forward experiments that will enable comparisons to be made, or at least will designate the points that appear defective. It is also requested that criticisms be confined to the points mentioned in this paper under like conditions only, as no others can be of value. It will be noticed that the experiments brought forward are upon a scale that will enable repetition by every retail pharmacist of the country.

The opportunity is embraced to especially thank Mr. Charles Mohr for his careful review of the manuscript, and to acknowledge the justice of a majority of his arguments where issue was taken, as that gentleman will notice when enabled to peruse the present paper; also to Prof. John M. Crawford for a careful review of the mathematical expressions used in the first portion of the paper.

One of the most frequent operations to be performed by the pharmacist is to separate from the crude materials, offered principally by the vegetable kingdom, active principles from others inert or not desirable. This object is reached by bringing the same into the liquid state by solution, with the aid of a proper solvent (*menstruum*). Thus we have the process of maceration and percolation, the latter being a modification of

† We present a portion of a paper read by Prof. Lloyd at the 12th meeting of the American Pharmaceutical Association (1879). The subject of the manipulation of medicinal plants is of vital importance and this article will be read with interest from a scientific point of view. Prof. Diehl moved, and it was seconded by Prof. Diehl that thanks be tendered to Mr. Lloyd for his very able and interesting paper. [Ed.]

the former, calling in the aid of gravitation. To arrive at a proper understanding of the laws which govern the solution of substances—that is, the transfer of a solid into a liquid state through the aid of solvents—we should consider first the greatest agent in percolation—the attraction of gravitation. This unknown force impells all terrestrial bodies toward a common center, the center of the earth.

If we arrest the fall of a solid and pour upon it a liquid, that liquid will flow over the solid, excepting a small amount held by adhesion, and will fall from the lower surface toward the earth. If that solid be impenetrable, and insoluble in the liquid, it will remain intact; if soluble, it will gradually assume the liquid state and disappear. If the solid be porous, the liquid will enter. This is due to absorption—a molecular force which is working independent of the attraction of gravitation, and overcoming it to a limited degree, thereby exercising a great influence over the processes of solution—beneficial inasmuch as it insures a closer and more continued contact between the solvent and the solid. Thus, if a certain amount of liquid be slowly poured upon the porous body, we shall find that gravitation will fail to detach the liquid from the lower side; it does not flow over the outside, but enters, is absorbed, and held within its substance. The attraction of gravitation still exerts itself, for the actual weight of the mass is the sum of the separate weights of the two bodies. Without further examination we might suppose the materials at rest; such, however, is not the case. There are disturbing elements which produce constant motion; thus, an alteration of temperature will excite a change in the relative position of the molecules of the liquid, and *temperature constantly changes*. But besides the motions of the molecules, caused by the constantly varying changes of temperature, there is osmosis, an attraction that induces currents of liquid through cellular tissue. Gravity, however, overcomes at first all of these various contrary influences,—among which we may class diffusion,—and is ever tending to draw the liquid most heavily charged with soluble matters, downward through the lighter, and thus there seems to be no rest, but, on the contrary, continued change.

The influences mentioned exert themselves whether the solid be large or small, whether a single particle of dust in a quantity of liquid, or an innumerable number placed in a mass and covered with liquid. Let us turn our attention to *solution*. Throwing aside all theories as to the why and wherefore of the change of state from solid to fluid, we must accept the fact that below the melting temperature certain solids will, to a fixed extent, assume the form of liquids, if in contact with particular fluids. The conditions necessary to effect and promote this change are surface exposed to the dissolving medium, circulation of the liquid, temperature, and time of contact between the surfaces of the solid and the liquid.

In regard to the first of these conditions, it is invariably found that the rapidity of solution increases with the area of surface exposed; thus, for an example, if a cubic crystal of bromide of potassium, or any other substance, one inch in dimension, be surrounded with water, the surface in contact with the water will be six square inches. If the crystal be bisected by a plane parallel to any two of its sides, the amount of the

material remains the same, but its surface has been increased two square inches. Let each half now be divided into four equal parts, and there will be a total of twelve square inches of surface, exactly twice the amount of the original cube. Division can be theoretically, and in the above instance according to mathematical laws, continued to the extent of our imagination, and each cube divided into eight will double the amount of the surface. But in practice we meet with obstacles of various nature, which soon interpose insurmountable limits to accurate divisions, making our further efforts in that direction impracticable, and the desired increase of surface is most readily effected by pulverizing the solid, thus obtaining irregular surfaces.

In considering the rest of the conditions upon which solution depends we next observe the action of *currents*.

Thus, immerse a cubical crystal of bromide of potassium one inch in dimensions in water, and its six square inches of surface will be in contact with six square inches of water surface; immediately the two surfaces act together, resulting in the disintegration of the surface of the salt, which assumes the liquid form and blends with the surface of the water in the most intimate manner. This change takes place to a fixed extent, dependent upon the temperature and the saturation of the solvent. If the crystal be at the bottom of a vessel of water it commences most rapidly to diminish in size from the top, until finally it disappears. In observing closely the process we notice streams of liquid circulating about the crystal. These currents, colorless and transparent like the surrounding medium, are clearly visible from the fact that they refract the rays of light differently,—an optical result caused by the portions of liquids of different densities, for the particles which form the surfaces of the salt unite with those of the water surface, resulting in a compound that has a greater specific gravity than pure water, consequently, as soon as united, this fluid flows over the crystal and down its sides in obedience to the laws of gravitation. It strikes upon the bottom of the vessel, and, in response to the law that fluids of different densities seek their own level, spreads out, and in doing so displaces its bulk of water, which rises and replaces the solution about the crystal, and thus continuous currents flow over and down the sides of the crystal, and fresher menstruum is constantly taking the place of that more saturated.

We might liken the foregoing to a surface of liquid revolving against a solid, each movement of which wears away the solid and decreases the wearing force of the liquid. At last, if the amount of water be sufficient, the crystal will have disappeared, and at the bottom of the vessel will be found a dense solution at rest surmounted by a lighter one. Again cautiously introduce a crystal of the same salt, and the afore-named phenomenon will take place, though in a less marked degree. The circulation of the medium becomes gradually less and less distinct, and finally, if the salt be in excess, disappears. There remains now a remnant of bromide of potassium, surrounded by the dense solution; we find almost pure water. In obedience to what is, another force, which, it is thought, produces the diffusion and overlying water continually but slowly is

ceeding which, however, the remnant of crystal
al will have disappeared.

See the changes which take place, under like
stal is broken, excepting that the increased
, before considered hastens the operation. Thus
constantly produce circulation while solution is
erefrom we should be able to hasten the opera-
assist nature by frequently stirring the entire
olutions. Recognizing the theoretical value of
surface, when we wish to dissolve substances,
and stir the liquids at short intervals.

important. With a few exceptions substances
it in warm than in cold liquids, and even though
more soluble in the hot menstruum it dissolves
alts from the fact that liquids while rapidly
: in a more rapid state of circulation, and heat
ive attraction of solids, their molecules being
m the mass, and therefore more readily unite

Few operators have failed to notice the benefit
dissolving substances. Careful manufacturers
of percolation to be conducted at winter tem-
doing results in great saving of alcohol by les-
e is a consideration of importance. An appre-
t must be allowed between solvent and solid.
ne for action is a principle well recognized and
tion.

Characteristic Indications for Remedies. By
L., Cincinnati, O.

scribed in the first to the third attenuation or dilution;
ed to a half glass of water, the dose being a teaspoonful.)

slow. Drawing pain in the abdomen; the um-
back to the spine by a string. Violent colic.
of greenish or blackish fluids, of feces. Con-
npy. Prolapsus ani. Paralysis of the extrem-
alyzed parts.

sion of spirits. Giddiness, with sensation of
difficult dentition, very offensive stools, moaning
l eyes and rolling the head from side to side.
ie morning or soon after eating. Prolapsus ani.

the ovarian region. Suppression of the menses,
tion, better when lying down. Pain in the sac-
as. Whooping cough, with constipation and loss

ling disposition, with inclination to shed tears.
r lifting up the eyes. The pains of pulsatilla
position, flying from one part to another. Pain-
yes, styes, lachrymation in the wind. Dryness,

burning and itching of the eyes and lids, with inclination to wipe something away. *Fistula lachrymalis*. Obscurations of the cornea. *Otalgia*, darting, tearing pains. Discharge of mucus or pus from the ear. Measles with loose, rattling cough, photophobia, thick and yellowish coryza. Menstruation too late, too short, too scanty. Suppressed menses from getting the feet wet. Menstrual colic. *Leucorrhœa*, thick, burning, or looking like milk. *Chlorosis*. All complaints relieved in the open air.

Rheum. Sour smelling diarrhœa in children. Colicky pains before or during stool. Difficult dentition. Longing for various things, but the first morsel satisfies.

Rhus Tox. Great debility, feeling of soreness in muscles, especially when at rest. Rheumatic pains, in the muscles and joints. Stiffness of the joints, remotion. Paralysis of the limbs. Bad effects from taste in the mouth, metallic taste. Very restless sleep. Violent stretching and yawning. Diarrhœa, stools mucus, frothy or white. Involuntary stools at night, enteric with nausea and tenesmus. Involuntary Typhoid fever, dull stupid expression of the face, Tongue dry, red, smooth. Restlessness. Involuntary and urine, great exhaustion. Erysipelas with intensifying. Scarlet fever or small pox before the eruption with restlessness. Pustulous eruptions.

Ruta Gravelens. Injuries of the periosteum, caution. Constipation, with prolapsus of the rectum or stool. Affections of the bladder where there is a fistula after urinating. Difficulty in passing urination and soreness of the muscles. Pain in the eyes strained. Bad effects of overstraining the eyes.

Sabina. Abortion occurring at the third month. Pain in the back directly through the pubes. Uterine hemorrhage, blood is partly fluid and partly clotted. Menstruation profuse. Nymphomania; music aggravates. Hysterical confinement or miscarriage. Severe stitches in the complaints; tearing and stinging in the joints.

Sanguinaria Canadensis. Congestion of blood to the head, with flushing in the ears, and flushes of heat. Sick headache, morning with vomiting of bile, worse from motion and light. Periodical headache. Coryza, with loss of sight. Nasal polypus. Ulcerated sore throat. Tongue frequently coated white. Sensation of emptiness in the stomach. Croup. Asthma. Pneumonia with very difficult respiration and hands livid, pulse soft and easily compressed.

Secale Cornutum. Great anxiety, fear of death. Distortion of the eyes, vision obscured. Sunken countenance. Spasmodic distortion of the mouth and lips. Femoral gangrene, beginning in the toes. Very debilitating. Urine suppressed. Menses too profuse. Abortion. Blood dark and fetid.

G. Great debility, with nervous excitability and sleeplessness; gastric derangement, and loss of appetite. Failure of the menses, occurring in weak, pale females, with lassitude and y. Hysteria.

Great indifference. Sadness and weeping. Paroxysms of ia with nausea. Sensation of emptiness in the pit of the stomach of appetite. Taste bitter or saltish. Eructation. Vomile or milky water. Aversion to meat. Constipation, with a of a weight or a lump in the anus. Stool is hard and covered us, and very difficult of expulsion. Hemorrhoids. Menstrual ties, with mental depression, toothache, headache, bleeding of and soreness of the limbs. Leucorrhœa, yellowish or greenish, ing. Prolapsus uteri, "feeling as if she must cross the legs in eep something coming out through the vagina." Urine smell- and depositing a sediment like clay. Skin yellow like jaun- uptions, particularly when disposed to crack. Tetters circular Salt rheum. Humid tetters with itching and burning. Stiff- e joints. Arthritic pains in the joints. Want of natural heat. l spasms.

Headache with great sensitiveness to a draft of air. Must head covered. Great inclination to perspire. Hardness of Otagia with stitching pains. Nasal catarrh with offensive loss of smell. Inflamed glandular swellings. Fistulous ulcers. rning, putrid, indolent. Carbuncles. The skin heals badly; a ury inclines to suppurate. Bones swollen, inflamed. Caries. of the joints, especially the ankle. Feet perspire very much, very offensively. Phthisis pulmonalis, with great sensitiveness of air, and profuse night sweats.

L. Facial neuralgia; pains burning and tensive, especially on de of the face. Pressure in the eyes, more when turning them. tion of the cornea; lachrymation, tears acrid. Dilated pupils. lusions. Earache, hearing very sensitive. Affections of the urring sound about the heart. Palpitation of the heart, with Trembling sensation of the heart, aggravated by the least mo- orm affections of children, with pain in the region of the navel. face and dark color around the eyes.

L. Affection of the larynx and trachea. Asthma. Croup where is dry and respiration loud and labored; very hollow voice; e throat when coughing. Dry, hollow, barking cough day and ronchitis. Goitre.

Maritima. Whooping cough, sounding loose, with sneezing and of the eyes and nose. Catarrhal affections, with loose sounding ore expectoration in the morning. Wheezing breathing. Pneu- Pleurisy. Asthma. General anasarca. Hydrothorax. Fre- ire to urinate, with profuse discharge of pale urine.

n. Cough during the day, with copious greenish, salty expec- more profuse in the morning. Cough excited by talking, sing- ighing, and from lying on the right side. Phthisis. Bronchi- rseness and roughness of the larynx. Very weak feeling in the

throat and chest, especially when talking or reading coming on gradually and then diminishing just as gradually. The hands and feet in the evening. Emaciation, and Debilitating perspiration.

Staphysagria. Weakness of memory. Hypochondriacal pressing headache, unfitting one for mental labor. Eruption on back part of the head and behind the ears. Swelling of the edges of the eyelids, with agglutination at the corners. Teeth very sensitive to touch and to cold drinks. Tongue red and exfoliate. Feeling of hunger, even when the stomach is full. Flat taste. Constipation, with incarcerated flatus. Swelling of the tonsils. Herpes, itching, burning after meals. Herpes with crusts on the joints. Arthritic nodosities.

Sticta Pulm. Dry coryza, with constant desire to blow the nose. Constant involuntary motion of the feet. Excessive nasal passages and soft palate; deglutition painful or difficult. Hacking cough.

Stramonium. Mental diseases, attacks of delirium, especially at night. Tendency to being alone. Very changeable disposition, groaning, singing and praying. Puerperal and typhoid convulsions with loss of consciousness and sensibility. Great loquacity. Dilated pupils. Staring, glassy expression of anxiety and fear in the face. Grinding of the teeth. Frequent urination. Epilepsy. Stuttering speech. Difficulty of urination. Trembling of the extremities.

Sulphur. Peevish, irritable state of mind. Heat of the face. Hot flashes. Eructations, sour vomiting. Bitter, acrid taste in the mouth. Aversion to meat. Constipation, with dry stools; stools hard, knotty, unsufficient. Otorrhœa. Itching in the external ear. Specks or ulcers on the cornea. Diminution of sight, like gauze before the eyes. Diarrhœa in the morning, compelling one to go quickly. Dysenteric stools, colic and tenesmus. Stools with ascarides causing irritation. Bleeding hemorrhoids. Soreness of the anus. Incontinence of urine. Urine is discharged by drops from the urethra while urinating. Hemorrhage from the urethra when micturating. Oppressed respiration as if from congestion of the lungs with sense of heat in the chest. Cough, with blood in the sputum. Asthma at night. Pneumonia. Eruptions of all kinds. Itching, scaly, painful itching. Skin dry, rough, scaly.

Tartar Emetic. Vomiting of food or mucus followed by profuse salivaceous flow. Lethargy and sleepiness. Disgust for food with longing for food. Diarrhœa with nausea and colic. Dyspnoea compelling one to lie down. Suffocative attacks with cough. Cough sounding as if from congestion of the bronchial tubes with much rattling of mucus. Vomiting of food or mucus. Pneumonia. Palpitation. Drowsiness; deep sleep. Intermittent fever with let

Terebinthinae. Smooth glossy appearance of the tongue. Violent bleeding of the nose. Distended abdomen, colic, constipation. Suppression of urine. Strangury. Difficult micturition. Bloody urine. Worms.

Thuja Occidentalis. Over excitement. Forgetful. Vertigo on closing the eyes or on looking upwards. Weakness of the eyes. Vision indistinct. Small black spots float before the eye. Lachrymation, especially in the open air. Double vision. Coryza. Scabs form in the nostrils. Facial Neuralgia. Edematous erysipelas of the face. Constipation with violent pain in the rectum during stool. Violent burning of the anus. Hemorrhoids very sensitive. Warts around the anus. Complaints while and after passing water. Urine dribbles away. Venereal diseases. Distressing pain in the left ovarian region with scanty menstrual flow. St. Vitus' dance. Eruptions burning and itching violently. Small-pox. Pustules.

Ustilago M. Uterine hemorrhage. Menorrhagia occurring at the climacteric period. Much pain on the top and side of the head. Menses too frequent and last too long. Vertigo. Abortion. Urticaria with great itching at night.

Veratrum Alba. Melancholy state of mind. Despair and hopelessness. Mental anxiety as if he had done something sinful. Insanity. Rage. Delirium. Eyes fixed, watery, sunken. Trembling of the upper eyelids. Paralysis of the eyelids. Coldness of the nose. Great thirst for cold drinks. Violent nausea and vomiting. Craving for acids. Vomiting of bile. Cold sweat on the forehead. Watery diarrhoea followed by great exhaustion. Fainting during stool. Cholera. Urinary secretion suppressed. Involuntary flow of urine. Whooping cough with great exhaustion. Violent tonic spasms. Pulse irregular, small, weak and thread like. Violent palpitation of the heart. Coldness of the hands. Cramps in the calves of the legs. Fainting from the least exertion.

Veratrum Viride. Great arterial activity. Convulsions or mania. Meningitis, cold sweat on face, hands and feet. The skin looks shriveled. Opiathotonos. Chorea, twitchings and contortions of the body. Froth constantly on the lips. Chewing during sleep. Difficulty in swallowing. Neuralgia.

Viola Tricolor. Crusta lactea; thick incrustations pouring out a large quantity of thick yellow fluid. Violent itching.

Zincum. Weakness of memory. Indisposed to converse. Great sensitiveness to noise. Hydrocephalus. Soreness of the eyes, lids and inner angle of the eyes, great itching. Paralysis of the upper eyelid. Otagia, discharge of fetid pus from the ear. Great burning in stomach after taking sweet things. Great greediness when eating, can't eat fast enough. Nausea and vomiting. Metallic taste in the mouth. Patient can't keep still, must be in motion all the time. Varicose veins which give rise to fidgetiness of the limbs. Puerperal convulsions. Scarlet fever when there is retrocession of the eruption. Child unconscious and motionless. Involuntary jerking and twitching of the muscles. Grinding of the teeth. Screaming spells. Occiput very hot and forehead covered with cold perspiration. Pulse thread like and difficult to count.

P E R I S C O P E.

Pathology of Infective and Contagious Diseases.

Lecture by W. S. GAZENFIELD, M. D., London.

The hypotheses as to the nature of the contagia in disease—infective and specific—have been numerous. In infective diseases, it is natural to look to the process and to seek either in the products or the agents of the animal fluids or tissues the source of contagion. But, discoveries, opinions are divided as to whether there is an element having an existence independent of the process, which is the agent both of the decomposition and of the reproduction.

With regard to the specific contagia, the hypotheses entertained may be classified in three main groups, as follows:—(1) That the contagium of any specific disease is some protoplasmic constituent of the body possessing the power of being transferred to the body of another individual, of setting up a disease process; or (2), That an unorganized ferment is transferred, and sets up the vital change; or (3), That the contagion is some organism having an existence independent of the body, but capable of growing and multiplying within it, and of reproducing giving rise in some way to the phenomena of the disease. To the first and third of these hypotheses the term *contagium vivum* is equally applicable; whilst to the latter alone is usually applied the term *theory of the contagium vivum, or contagium animatum*.

In considering these hypotheses we must bear in mind that specific contagia are not merely specific, in the sense of giving rise to a particular series of changes when introduced into the body—changes which are likened to those caused by a poison or an unorganized ferment, such as diastase or ptyaline—but that each contagium is reproduced in every case of infection, and that an extremely minute quantity introduced into another living body will again give rise to the same phenomena with like self-multiplication; and this cycle may be continued in an indefinite series under the most favorable conditions. From what little we do know of the life history of certain specific contagia as to their cycle of development, their reproduction and self-multiplication within the body, the minute quantity necessary to infection, and the absence of relation between quantity and capacity in many cases of long dormancy and resistance to thermal influences, most pathologists have been inclined to support the unorganized ferment theory as not sufficiently supported, and to accept one of the other hypotheses in preference.

To state these more fully, the first hypothesis consists in the idea that a particular tissue or element of the organism having undergone a particular change or vital reaction, is capable of impressing on another organism the tendency to a like vital change; in fact, the transmission of a portion of vital energy analogous to the transmission of heat, is the essential factor in contagion. In favor of this view it is pointed out that in many cases of long dormancy and resistance to thermal influences, most pathologists have been inclined to support the unorganized ferment theory as not sufficiently supported, and to accept one of the other hypotheses in preference.

in the propagation of morbid growths, or even, I might say, of normal growths in the body. For every specialized tissue element not only reproduces its like under normal conditions, but we have strong reasons to believe that the leucocytes grow into specialized elements under the influence of some of the tissues into which they enter, which thus assimilate them. In the same way morbid tissues and morbid processes repeat themselves under favoring conditions, bending the tissue elements of the nutritive processes to their own likeness, and in so doing often display a selective tendency for tissues analogous to those in which they have arisen.

The other hypothesis regards the essential contagium as consisting in some organism foreign to the body, and possessing an independent existence, which has the power of self-multiplication within the body by nutriment derived from it, and of propagating its species further by seeds or germs given off from the body. During this process of self-multiplication, changes are produced in the body which we know as febrile and specific symptoms and lesions, which together make up the specific disease, and which, upon this hypothesis, may be the direct consequence of the self-multiplication of the foreign organism, or of some special fermentative change produced by it in the tissues and fluids of the body itself. This latter hypothesis is equivalent to that of the *contagium vivum* or *contagium animatum*, as defined by Dr. Burdon-Sanderson; and although it is not equivalent to a bacterial theory of contagion (for the organisms on which the disease depended might be of some other nature than bacteria), yet our present knowledge on the subject points towards the view that if microphytes constitute the contagia, they are probably bacterial.

I need not enter further into the discussion of this question, especially as it has been so ably dealt with by many writers. But it is well known that there is at the present time a very strong tendency to the view that bacteria or some allied lower organisms are intimately related to contagion, either as the actual contagium, or as carriers of it, or as an essential condition of its potency. The precise relation of bacteria to contagion has long been a favorite subject of speculation, and every new fact ascertained with regard to their development seems to be hailed or rejected by some persons, according as it seems to favor or oppose some theory upon this subject. At present, therefore, I shall content myself with pointing out that in what we now know of the life history of certain bacterial forms there is some presumptive evidence in favor of their being the actual contagia in certain diseases. For in the first place, of all known organisms bacteria most closely conform in their life conditions to what we know of specific contagia, as to nutrition, rapidity of multiplication, powers of latency, and retention of vitality in the form of spores. Indeed, recent discoveries as to the life conditions and cyclic changes of bacilli show a most striking analogy with certain contagia. And, secondly, in certain diseases, notably splenic fever and contagious pneumo-enteritis of swine, it may be regarded as conclusively proved that the contagium is a bacillus, and we have thus some positive evidence in favor of the hypothesis.

Turning now to the subject of bacteria, we find that the discoveries which have been made, we must be content to acknowledge as to their mutual relations, life history, and cultivation, which is, perhaps, more confusing and difficult of contagion itself. In the present transitional state we must anticipate conflicting views, and it need hardly be said that diametrically opposite opinions are entertained by those who study and acquaintance with the subject lend weight to their views. Let me mention one or two of the more important points. Are there a multitude of different bacterial forms, or are all the variations in form and size, and in what is more important, in reaction, merely phases in one protean form? Does every change in condition of the organismative process, lead to a modification of this original form? Or is the acquisition of special powers of reaction, which are determined by heredity, so long as favoring conditions exist, when those conditions cease, to be called again into latency when like conditions recur. In favor of some of these views I might quote two distinguished authorities. Nageli, one of the most eminent in this field, has said that he has never seen reason to suppose the existence of more than two kinds of bacteria. Professor Pasteur holds, I believe, that only bacilli are separate from coccilli, the latter being mutable with varying conditions. As I may mention that Koch believes that all bacteria (pathogenic at least) are bacilli, holding firmly, however, that there are many of absolutely distinct pathological bacteria, not only distinguished by their size and form, but by their special physiological reactions. Professor Cossar Ewart has done good work in showing how closely the several morphological varieties or classes of bacteria are another in certain stages of their existence.

I might quote many distinguished names in support of these more or less modified views, but time forbids. For practical purposes it is well that we should hold some probable and workable hypothesis, that there are many distinct kinds of bacteria, and that they are probably distinguishable either by their characters or their vital changes, or by some power of transformation. And we may leave the solution of the metaphysical question whether they originated from some common stock, and have maintained certain potencies and forms, until we know more of the details of the processes in which they are concerned.

Seeing, then, how important is a knowledge of the phases of bacteria, in order to a comprehension of the infectious, miasmatic and contagious processes, I trust I may be permitted to give a brief and elementary account of some of the common forms, which may be of use to those who have specially studied the subject; and in doing so I shall confine myself to such facts as have some probable bearing on the subject. Disregarding for the moment the nature, habit, size,

ria, we may roughly divide them, following Cohn, into spheroidal bacteria, typified by micrococcus; rod-shaped bacteria, of which the type is bacterium termo; long-rod bacteria or bacilli; and spiral or twisted bacteria, of which the type is spirillum. We now know that in the course of development of bacteria and bacilli, short and long-rod forms, and also more or less spherical forms, are produced, so that mere form in one stage does not serve as a ground of distinction; but we have as yet reason to doubt whether some bacteria ever pass beyond the spherical stage, whilst others do not appear to develop into elongated rods; others, again, habitually assume rod or spiral forms.

It would occupy far too much time to enter with any detail into the various researches into the mode of development of bacteria, or even to mention the numerous workers in this field. As a very valuable elementary help in the consideration of many difficult points, I may mention the papers by Dr. Cossar Ewart, the accuracy of whose descriptions I can for the most part confirm from personal observation.

In the following brief sketch I shall limit myself to the more essential facts with regard to the common orders—micrococcus, bacterium, and bacillus—and chiefly state those points which are matters of personal observation.

GENERAL CHARACTERS OF BACTERIA.

Structure.—Bacteria have been defined by Cohn as cells free from chlorophyll, of spherical, oblong or cylindrical, sometimes twisted or curved form, which increase by transverse division exclusively, and grow either isolated or in cell families. These cells consist of protoplasmic, usually colorless cell contents, strongly refractile, in which usually shining, oil-like nucleoli or nuclei are imbedded. The protoplasm is flexible or contractile, hence their spontaneous bending and stretching when the membrane is not too rigid. The protoplasm having a different refractive index from that of water and most fluids in which they grow, their production in abundance gives rise to a milky appearance. This protoplasm is surrounded by a cell membrane, shown both by its resistance to reagents and by actual observation; this is composed of cellulose or some analogous substance. Cohn believes that the membrane is soluble, and can form the intercellular substance.

The division of bacteria, the characteristic mode of reproduction, is accomplished by longitudinal stretching to a length nearly double the normal; then a transverse constriction appears at the center, and sooner or later the two members separate, and this process continues indefinitely. Longitudinal division is, according to Cohn, extremely rare in free bacteria. In some forms of bacteria the individual members remain attached, then form long chains, especially under certain conditions; but when free, and in most forms, they rapidly separate, only two, three, or four elements remaining attached. In most cases, when the bacteria elongate to form long threads, the division may be invisible, or seen only with difficulty.

Under certain conditions, spherical and rod bacteria, instead of elongating and dividing, and forming free single or double elements, become agglomerated into a mass, consisting of a large number of individuals

united by a sort of intercellular substance, which form rounded or flattened, or irregular masses in the nutrient fluid. In these masses the bacteria continue to multiply, the individual elements being closely massed together at first, but by increase of the intercellular substance they may become more widely separated. These zoogloea masses are liable to absorb coloring matter, or to be stained by iron, or by iron and sulphur, if contained in the fluid. The multiplication in zoogloea having continued to the formation of an immense number, these may become broken up by solution of the intercellular substance, and the elements become free in the fluid. According to Cohn this zoogloea formation is never observed either in filamentous or twisted bacteria (bacillus or spirillum) though they may accumulate in masses.

When bacteria are growing in any fluid they are apt to accumulate more or less on the top, and form a layer on the surface, called by Pasteur mycoderma, this being distinguished, according to Cohn, from zoogloea by being composed merely of individual elements without intercellular substance.

The formation of spores of all forms of bacteria is as yet undecided. Cohn now believes that only bacilli form spores. But in zoogloea masses one constantly finds ovoid or rounded bodies, apparently derived from bacteria, and often, too, one sees bacteria containing nuclei resembling the spores of bacilli.

Most bacteria have a motile and non-motile condition, and these alternate. Some bacteria—*e. g.*, bact. termo—are usually motile, others motionless. In a certain number the movement has been shown to depend on cilia, in others evidence of their presence is yet wanting.

Lastly, bacteria require the presence of oxygen for their growth and development, but are not absolutely destroyed by its absence.

Such, in brief, are some of the more important facts with regard to the nature of bacteria.

The classification of *schizomycetes* or *schizophytes* proposed by Cohn in 1872, to which I have already referred, may serve as a convenient basis of description, although many of the distinctions which formed part of the groundwork of his classification, can not now be maintained. It is as follows:—

- Tribe I. Sphæro-bacteria (Kugel bacterien).
 - Group 1. Micrococci (char. emend.)
- Tribe II. Micro-bacteria (Stäbchen-bacterien).
 - Group 2. Bacterium (char. emend.)
- Tribe III. Dermo-Bacteria (Faden-bacterien).
 - Group 3. Bacillus.
 - Group 4. Vibrio (char. emend.)
- Tribe IV. Spiro bacteria (Schrauben-bacterien).
 - Group 5. Spirillum (Ehrenberg)
 - Group 6. Spirochaete (Ehrenberg).

Typhoid Fever.

Typhoid fever is, of all diseases, pre-eminently a *filth* disease, traceable with as much certainty as fire from smoke. Wherever it exists it points unequivocally to unremoved filth, and is a disease, therefore, altogether and wholly preventable by proper sanitary measures. Notwithstanding

during the census year of 1870, there were, in the United States, 22,187 preventable deaths from typhoid fever. But had there been the same ratio to the total population of the United States as in Philadelphia during Centennial year, the mortality from this cause would have been over 37,000. And this was far from being all, as regards Philadelphia. All over the country fatal cases of typhoid fever, and other diseases nearly allied to it, were attributable to the Centennial visitation—the neglected drainage, criminal insufficiency of water-closets and bad plumbing. These conditions, so prominently manifest at the Centennial, and apparently to an extraordinary degree in Philadelphia, even yet, as judged by the prevalence of typhoid fever, are, of all causes of mortality, the most criminal, because the most easily preventable. Universal experience attests that privies and water-closets inadequately provided with means for speedy and complete cleansing and aeration, are prolific sources of typhoid fever and kindred affections in all temperate latitudes, and with prevailing high temperature and moisture, of the still more deadly disease, yellow fever. And all the more dangerous are these conditions, because they are not infrequently the means of spreading the disease to distant places, and in proportion as other places comprehend like conditions of accumulated filth—the mass being subject to infection by the bowel discharges of any one afflicted with the disease: insomuch that the existence of typhoid fever, or allied diseases in any place, is *prima facie* evidence of filthy surroundings.—*Sanitarian*.

Danger attending the Use of Salicylic Acid in Acute Rheumatism. By T. J. MACLAGAN, M. D.

1 In acute rheumatism the heart is apt to be inflamed. Attention is usually concentrated on the membranes; but the muscular substance also suffers. When severe, myocarditis is apt to be fatal, and is frequently recognized in the post-mortem room. In a mild form it is, I believe, much more common than is usually supposed. It may exist independently of inflammation of the membranes. In all forms it produces softening and weakness of the muscular substance.

2 Salicylic Acid, no matter whether given alone or in combination with soda, exercises a depressing action upon the heart. This action is by no means general, and is probably due to some idiosyncrasy of the affected individuals.

3. If this depressing action be produced in one in whom the heart is physically sound, no great harm will be done. With the omission of the drug the depression will soon pass off.

4. But if it be produced in one who is already the subject of rheumatic myocarditis (an ailment which is not easily recognized during life), and in whom therefore there exist softening and enfeeblement of the ventricular walls (for the left ventricle is the chief seat of such inflammation) the depression is likely to be alarming, and may be fatal.

To form an adequate estimate of the nature and extent of the dangers attendant on the administration of salicylic acid in acute rheumatism, we must recognize—first, the tendency of the rheumatic poison to produce

ended the trouble. The child rapidly recovered from its emaciation, and debility, and since then (a year ago), has been healthy and strong.

CASE 4. Lady about forty-five years of age. Thirteen years ago she had typhoid fever, and since then there has been severe constipation. She would sometimes wait three weeks for a passage of the bowels. Then she would take a cathartic, and obtain relief. The case was somewhat peculiar in respect to the sphincter ani. Except in a constipated state, fecal matter would pass at any time, and could not be controlled. Hence she was less miserable while constipated than while the bowels were relaxed.

Though cathartics were sometimes a necessity, they nevertheless occasioned her great misery, as she was always, while under their influence, obliged to go to bed, suffering faintness and general *malaise*.

For this case, I gave sulph. and nux, but failed. Then I gave the calabar bean and glycerine—Calabar bean, mother tincture, one drop to glycerine one ounce. Of this mixture the patient took four drops three times a day. The effect was immediate. There has been no constipation for many months.

CASE 5. Male child of seven months; always constipated, no very marked symptoms, otherwise. Prescribed plumbum 200 in the morning, and opium 200 in the evening. Several months have passed since and, there has been no further trouble.—*Med. Investigator*.

Hearing.

All vibrations are communicated to the auditory nerve through the medium of liquid, and this holds good in all forms of the organ of hearing.

The semi-circular canals are supposed to be especially concerned in the perception of sonorous undulations from the cranium itself. According to Dr. Ferrier and others they are largely concerned in the function of equilibration; so that the direction in which the body is turned is appreciated by means of the canals. Owing to the direction of these canals and their ampullæ, each is irritated by a particular movement in one direction, and this irritation is conveyed by the endolymph to the expansion of the nerve.

The cochlea is more immediately concerned in the appreciation of aerial sounds conveyed through the channel of the outer and middle ears, and is also supposed to be invested with the perception of time intervals.

The auditory rises from a part of the brain in close connection with the origin of the great pneumo-gastric nerve, which sends branches to the lungs, heart, stomach, liver, and bowels. As a result of this, any irritation of the auditory is very apt to spread to its near neighbor, and thus affect any of the organs to which it is distributed. Thus is explained the vomiting, etc., which is produced in the disease we shall shortly consider. Irritation of the nerve of hearing produces a staggering gait, and in three cases such irritation was produced by a fractured skull, and the walk resembled that found in cerebellar disease.

Lockhart Clarke has shown that certain fibres derived from the cerebellum form part of the auditory nerve, and possibly these being affected in the three cases may have produced the similarity in result to that brought about by actual disease of that part of the brain.

The organ of Corti with its rods, supposed to be about 3,000 in number, is thought to be so arranged that each rod vibrates in unison with a particular tone, so that they pick out the various musical notes and tones.

The distinction between a musical sound and a noise is that in the former case there is a rapid succession of several impulses at regular intervals, in the latter at irregular intervals. The height of the note depends on the number of impulses within a given time, increasing as these latter do. The noise, or rapid succession of several impulses at irregular intervals, may be rendered musical by a sufficiently rapid succession at regular intervals.

By removing the teeth of a toothed wheel, which produces a note by its shocks at regular intervals on a solid body, it is found that the note is still apparent when only two teeth remain, so that the impulses are sufficient to produce a definite note.

M. Savart has found that if the intensity be sufficiently great, sounds are audible which result from 24,000 impulses in a second. The opposite extreme shows that seven or eight impulses in a second are still audible.

There appears to be a law in both the sense of sight and hearing which provides for the retention of a sensation once produced, after the actual cessation of the cause producing it. Thus, if a burning piece of wood be whirled rapidly around a circle of flame is seen, and after traveling noises may continue to be heard for many hours, as though the individual were still exposed to the irritation which produced it in the first instance.

Distance of sound is judged of by its intensity: the greater the intensity the nearer the source; but also, in a large measure, by influence of experience, which enables us to correct what would otherwise be erroneous impressions if allowed for only by intensity.

Direction, also, of any given sound depends on the judgment from previous experience, but is liable to error, and of this the ventriloquist takes advantage.—*Chemist and Druggist.*

Nerve-Stretching for Neuralgia.

In the *St. Petersburger Med. Wochenschrift*, Dec. 20th, 1879, Dr. E. Masing reports a case of supra-orbital neuralgia of over three years' standing, which had obstinately persisted notwithstanding various plans of treatment. Although there was tenderness at the point of emergence of the supra-orbital, the most intense neuralgia was in the track of the naso-ciliaris, the infra-trochlearis and the ethmoidal. These nerves being out of reach he determined to attempt to affect them by a thorough stretching of the supra-orbital. This he effected by a free opening of the orbital cellular tissue, exposing the nerve in its entire length along the roof of the orbit. Near the orbital fissure he surrounded it with a dull hook and so stretched it (inwardly) that its adhesions to the bony roof were broken up.

Ten days after the operation the upper eyelid was freely movable. There was complete anæsthesia of the forehead on that side as well as of the cornea. The neuralgic pains gradually lessened in severity but did not entirely cease for several months. The anæsthesia continued for nearly six months.

Retrospect of the Materia Medica Work of 1878. Read before the N. Y. State Society by JOHN J. MITCHELL, M. D.

In presenting to the Society a few notes concerning a few drugs that have been brought to the notice of the profession during the past year, the chairman of the Bureau desires it to be distinctly understood that he does so simply for the purpose of indicating lines of work for the future.

It is absolutely necessary for us to have drugs thoroughly proved before we can use them as homœopaths, in a scientific and satisfactory manner. It is, however, important that we should choose those drugs for investigation that have proved actually potent in their action upon the human organism. The use of unproved medicines in disease, though unscientific, will frequently give a clue to their homœopathic application. Special attention should be given to those drugs that give promise of filling gaps in our Materia Medica, and supplying groups of symptoms, as found in morbid conditions with their similimum. The gleanings could be indefinitely extended, but we have chosen only such as seemed worthy of special attention.

Vicum album, or more properly *Phoradendron flavescens*, of the American mistletoe, has been noted by Dr. Huber, of England, Dr. Long, of Louisville, and more recently by Dr. Hale, of Chicago, as giving promise of great usefulness as a uterine stimulant. Its action seems to differ from that of *Ergot*, in that the pain that it induces is not continuous or tonic, but more like the natural labor pains. In post partum hemorrhage, it has been used satisfactorily. The alcoholic tincture is made by taking eight ounces of the dried leaves, saturating with boiling water, and adding sufficient alcohol to make one pint. The leaves should be gathered in November. Fluid extract is also made.

Carbazotate of Ammonia.—The substance has been used with very great success in the treatment of intermittent fever, and malarial neuralgia. It has been used in doses from one-sixth to one-third of a grain, daily. Dr. Beaumetz, of Paris, has reported upon it.

Dr. J. M. Tilden, of Peekskill, has noted its action in the *Homœopathic Times*, in March. This is a salt formed by the combination of Picric acid and Ammonium. It is frequently called the Picrate of Ammonium.

Sclerotic Acid.—We have the high authority of Dr. John Williams, of London, for stating that two cases of uterine fibroid have been successfully treated with this drug. Half grain doses of the acid, dissolved in water, were injected under the skin of the abdomen twice a week.

Chan Mugu Oil.—This oil has been recommended by eminent physicians of Europe, in the worst forms of skin diseases, scrofula, elephantiasis, and even tuberculosis. I am of the opinion that it deserves proving.

Chloride of Chromium is said to have been used with success as an external application in cancer. Highly important if true.

Grindelia Robusta.—This drug is achieving a high reputation in diseases of the mucous membrane of the bronchial tubes, and asthma. In the hacking cough of phthisis and cough from enlarged heart it has been found of great value. Chronic catarrh of the uterus and vagina is said to have been treated successfully by it. It has been partially proved, and one symptom which has been verified is: "A fear of going to sleep on ac-

count of loss of breath, which awakes him." Dr. Wesselhoest, of Boston, reports the relief of a case of dyspnoea from heart disease with this symptom. The slight provings are, as yet, not at all satisfactory.

Dr. John L. Seward, of Orange, N. J., reported a case in the *Homoeopathic Times*, of September, 1876, giving a detailed account of this drug.

Dr. Guernsey, of New York, reported a case in which its use developed a severe frontal headache, involving the optic nerve.

Eriodictyon Californicum.—Another California plant, familiarly called Yerba Santa, is also coming into very general use, having a very similar range to the *Grindelia Robusta*. Its sphere of action seems to be the mucous membrane of the larynx and bronchiæ.

A short proving in Prof. Allen's *Materia Medica* will be found of much interest.

Euonymine.—The active principle of the *Euonymus Europæus* has been used by Dr. Holcombe, of New Orleans, with evident success in cases of albuminuria, threatening Bright's disease. He uses the first cent. trituration, three grains three times a day. Prof. Allen has a case of poisoning reported in his *Materia Medica* for this drug.

Hydrangea Arborescens.—This plant has been reported upon by Dr. Hodges, of Nevada, as successful in a case of renal colic.

Chloral Hydrate has been used with success as an antidote for strychnine poisoning.

Tela Aranea, or black spider's web, was suggested two or three years ago, as somewhat analogous to lachesis for irritant night coughs—inability to lie down—having, however, an expectoration of white frothy mucus.

Dr. C. H. Fiske, of Illinois, reports various cases of intermittent fever cured by it. The only indication seems to be the chill is accompanied with headache, but there is no thirst accompanying paroxysms.

Bromine.—Dr. S. H. Brown, of the U. S. N. reports the cure of many cases of poisoning by poison oak, ivy and sumach, with local application of Bromine: ten or twenty drops of Bromine, dissolved in an ounce of Olive Oil or Cosmoline, is rubbed gently on the parts three or four times a day. The oil is to be washed off twice a day with Castile-soap. The Bromine mixture should be made fresh every day.

Eucalyptus.—The range for the use of this drug seems to be widened. In malignant diphtheria, membranous croup, malarial night sweats, as a local anæsthetic, and in diseases of the scalp, it has been reported to have proved curative.

Eucalyptus in uterine catarrh is a new use for this valuable remedy. Sir John Rose Cormack (Clinical Studies) speaks from extensive trial in horrible, offensive discharges, in cases of ozæna, cancer of the tongue and throat, cancer of the uterus, gangrene, and other affections attended by fetor. It has the remarkable power of destroying fetid odors.

Dr. H. B. Dow, of London, reports: "In the first case in which I tried it, it was suggested to me by my patient, saying that he had taken Quinine by the pound, without result, and that the *Eucalyptus* was the only remedy for him. He had, many years since, contracted malaria of the worst type in the Douro district, and had tried most remedies without avail. A very few doses of the tincture of *Eucalyptus globulus* removed the symptoms.

"In another case, my patient was a gentleman who had lived many years in India and China, and during his residence abroad had had severe attacks of ague. Recently he experienced a return of his old symptoms, and took Quinine, as he had been accustomed to, to check the illness. However, on this occasion it failed to produce the usual effect, so I recommended him to try the Eucalyptus. The effect was at once marked, and speedily all his intermittent symptoms left him. The dose administered was ten minims."

Dr. Benjamin Bell reports, in the *Edinburg Medical Journal* as follows: "A gentleman of seventy-five had suffered from formidable disease of the stomach for eight to ten years, and on several occasions had seemed very near his end, with every symptom of malignant ulceration. Great quantities of blood had been vomited, from time to time, and at short intervals, seldom exceeding a fortnight; the stomach, after becoming painfully distended with a sour, barmy fluid, was relieved by repeated vomiting, while life itself seemed possible only with extreme lightness of diet and most vigorous self-denial. A strong active man had become a confirmed invalid, and seemed both to himself and others, beyond the reach of remedies. He has taken the tincture of Eucalyptus twice daily for many months, and during all that time has scarcely had even a threatening of those painful and exhausting attacks, which had latterly occurred every week."

"Another case, in which ulceration, or some other organic disease of the stomach, seemed the only reasonable diagnosis, the patient, a widow, with a family dependent upon her, made an unexpected recovery from extreme attenuation and weakness under similar treatment."

Jaborandi.—The proving of this drug, as published in Allen's *Encyclopedia of Materia Medica*, readily indicates to the student that it is a drug of much power, and promising great usefulness. A brief recital of some of the morbid conditions, in which it has been successfully employed, may aid us in its study. It was first reported as valuable in acute and chronic rheumatic troubles; in serous effusions, dropsy from renal affections, as after scarlet fever; in increasing the secretion of milk. From this general statement of its use we find more specific indications. It was reputed to have relieved various cases of Bright's disease, the albumen being lessened, and threatened uræmia prevented. Orchitis, consequent upon the metastasis of mumps, has been successfully treated by this remedy. Pseudo-membranous croup has been cured by it. Chronic bronchitis, and severe cases of ophthalmia have been relieved by it. The following case is reported by M. Langlet, of Reims, in the *Union Médical and Scientifique du Nord-est*, No. 6, of a woman in the third month of pregnancy, who, for six weeks, had suffered from œdema of the legs, great oppression, cephalalgia, vomitings, &c. The urine was very scanty, and loaded with albumen, and was uninfluenced by the usual diuretics. From the first day after the administration of Jaborandi there was salivation, very little perspiration but, as a counter-balance, an increase in the quantity of urine voided, which continued for some subsequent days. The patient took Jaborandi for sixteen days, and during that time the œdema was reabsorbed, the albumen decreased, the general symptoms im-

proved, and there was eventually a favorable delivery of a child.

Prof. Da Costa, of Philadelphia, reports the removal of fluid from the pleural cavity by Jaborandi. "The patient was a weaver, twenty-three years of age. Last summer he was exposed to wet at the seashore, and, although up to that time he had been well, he has since been subject to occasional pain in the left side, with shortness of breathing, and a slight cough. While at work he would press his chest against a beam, and finally he found, about a month ago, that he was compelled to stop work and seek other employment on account of great tenderness and pain in his left side. He was confined to his bed. Shortly after this he found that the pain was upon his right side, the dyspnoea became more urgent, and there was mucous expectoration, tinged with blood. His chest was tapped five weeks before he came under our care, and five pints of fluid were drawn off. Notwithstanding the aspiration, he still complained that fluid had been removed, and though he was placed upon a regimen of rest, shortness of breath and pain, and all the signs of pleurisy manifested themselves. The chills returned, and when he was brought into the ward his temperature was 101°, and he was lying on his left side, suffering from pain and dyspnoea. On the 15th, his left chest full of fluid, and in a very miserable condition, I was tempted, after examining him, to aspirate him again. The result of the operation thought that occurred to me. The effusion was in the left pleural cavity, pressing his heart to the right, and he urged the operation. He made the statement that he was much relieved by the previous aspiration. I must tell you, that after aspiration, in chronic pleurisy, the fluid may return, and after several aspirations the fluid may change its character and become purulent. This has been noticed particularly by French clinicians. Partly from these considerations, and partly from a view of trying the therapeutic effects of Jaborandi, I thought it to me to be likely to effect good, I placed him upon a dose of the extract of Jaborandi four times daily, with the effect of which you now learn."

"First, the temperature has again declined, and is now 98° and 99°, and has been at this for more than a week. As the fluid has passed away, the pulse and respirations are almost normal. He has twenty times in a minute; his pulse, as he stands before me, is more frequent, ninety-six in the minute, but in the ward it is normal, and has not been higher for several days."—*Homoeopathic*

Naso-Pharyngeal Catarrh.

A clinical lecture of J. Solis Cohen, M. D., Philadelphia, is published in the *Medical News and Library*, and it is believed that it is one of the best American authorities on the treatment of this affection, and most discouraging affection, will prove of great interest to readers of this department.

Naso-pharyngeal catarrh is an inflammation of the

es and upper part of the pharynx. It produces a tenacious mucus, which blocks up the nasal fossæ and tends to collect in the roof of the pharynx, just behind the nasal glands are abundant. This secretion is removed partly by sneezing, and partly by hawking it down into the pharynx, and swallowing it. Occasionally scabs and crusts are expelled. If retained, undergoes decomposition, leading to the formation of gases and consequent foul breath. The disease may extend to the frontal and maxillary sinuses, producing brow and face-ache, and closure of the apertures by which the nasal fossæ communicate with these sinuses, and consequent abscess, cystic tumor or empyema of the latter.

An important element in the treatment is thorough removal of the mucus. This should be done daily, and is often alone sufficient in the cure of simple inflammatory cases. The retained secretions and decomposed gases irritate the diseased membrane still further, and intensifying the morbid condition; moreover, the stagnation of air impairs the general health, and even sometimes leads to cerebral poisoning.

For the discharge, a solution of salt in tepid water (3j. to ℥ss) may be employed; in mild cases this may be snuffed into the nostrils, or the nasal cavities very effectively; otherwise it may be introduced by means of the syringe, spray-apparatus, or Thudicum's nasal

douche. In the latter, the mouth should be open, and the patient cautioned not to swallow, lest the fluid be forced through the eustachean tube, and cause otitis media; if the fluid be warm, however, there is no danger, even should such an event occur. About one ounce of the solution should be used once or twice per day. The fluid may be introduced from behind by means of a curved syringe.

For the removal of the mucus, various operations have to be made to the posterior portion of the nose. The most common is the use of a probe, firmly held in the hand, and of which is a small piece of sponge saturated with a solution of iodine (equal parts of glycerite of tannin and of iodine). For this operation the mouth should be open, and the tongue depressed with a spatula. The sponge is introduced into first one posterior nasal outlet, and then, after a few minutes, into the other. This application is to be repeated several times daily.

Another method of local treatment, in which a medicated solution is introduced into the nose by means of a bougie, and left in contact with the parts for from twenty to thirty minutes, is the use of a bougie made of gelatine impregnated with the remedy (as of zinc and gr. ss. of carbolic acid). The bougie is gradually introduced into the nasal cavity. To prevent its dropping into the mouth, it is held in place by a string, which is attached to the patient's ear. This method is only applicable in simple inflammatory catarrhs, but frequent and often successful in tuberculous, scrofulous, and syphilitic subjects.

In the treatment of the nasal passages, their interior may be examined, and the mucus removed, by drawing the wing of the nostril aside with a hair-

ed vomiting; yellow watery substance only thrown
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t; swallowing exceedingly painful. Rememberin
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EDITORIAL.

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uncertain in their effects, and therefore cannot be depended upon; and besides, as they often times produce deleterious, and sometimes even fatal results, we have come to the conclusion that they ought to be totally discarded from the *materia medica*."

Very early in the history of Eclecticism we find our practitioners using the different *Euphorbias*—the *E. Corollata* as an aid to the common emetics, and for its stimulant action upon the stomach, spleen, and liver, and the *E. Hypericifolia* for very nearly the same purposes that we now use it. *Hydrastis* was the common bitter tonic, sometimes given alone, and sometimes in combination with the poplar, dogwood, ironwood, willow or *xanthoxylum*.

The white cohosh, blue cohosh, and black cohosh, were well known, and frequently employed in the treatment of diseases of women, and some of our modern physicians could learn of the fathers. Of *macrotys* they write—"It is used as a remedy in rheumatism, dropsy, hysteria, diseases of the lungs, and especially in the treatment of uterine diseases, and to promote the menstrual flow."

Our old friend *amygdalus persica* was well known and estimated at its true value, as the following quotation will show:—

"During the summer of 1831, after the prevalence of East winds for some weeks, a fever of unusual severity appeared here. These fevers were of remittent type, and rendered peculiarly fatal by their being generally attended with gastric irritation; and indeed in very many cases, a high degree of gastritis and gastro-enteritis, with all their usual distresses and dangers, prevailed. No symptom was so uniform, especially during the first half or two-thirds of the fever season, as a total inability to retain in the stomach the lightest article of diet, or most simple drink, with more or less tenderness of the epigastrium, on pressure. These distresses attended early with a sallow pallor, shrinking of features, and sometimes a pale leaden hue of skin, and general prostration.

"This state of the stomach at once, and as long as it continued, precluded all possibility of internal administrations, adapted to the treatment of bilious cases. Effervescing draughts—even a spoonful of cold water, were often rejected. Sinapisms and epispastics were used in vain. The state of stomach reminded me of some of those cases of plague in which this condition of stomach is a regular and troublesome symptom, and in which laurel water has been found the chief corrective. Our apothecaries could not furnish that article. Believing its virtues consisted mainly in the prussic acid which it contained, I determined to substitute it by some other article from which I could obtain the same power in a safe form, for ordinary use. For this purpose the *prunus padus* (wild cherry) and *amygdalus persica* (common peach) were presented to my mind. The latter being always at hand in every garden, I determined on making my first experiment with it. The time for the petals had passed. I filled a small vessel with the fresh leaves of the tree, loosely thrown in, then filled the vessel with boiling water and covered it closely. Of this infusion I gave half an ounce every 15, 20 or 60 minutes, according to the greater or less violence of the symptoms. I rarely, if ever,

used the fourth dose before the distressing symptom was sufficiently removed to need no more. That acute—most distressing, distracting thirst, which called incessantly for drink, and was in many cases perfectly insatiable, was generally allayed with equal ease; and although the taste of the infusion was most bitter and disgusting to the natural sense, in these cases it was scarcely ever rejected; but on the contrary, called for most anxiously after the first taste of it—even by children, to whom bitter drugs are generally so offensive.

"I frequently applied to the epigastrium also, with good effect, the leaves taken warm out of the infusion; but the infusion was found far more successful. The gastric symptoms in this fever were not so commonly met with towards the close of the season; but the distressing thirst was common to the end. The efficiency of the remedy was almost hourly tested until the close of the season, and my confidence in its uniformity of effect thereby continually confirmed.

"One or two cases of ordinary cholera morbus came under my notice in the latter part of the season, in which it was equally prompt in relieving the vomiting. Several sporadic cases of cholera infantum occurred after the close of the fever season, in which it was used with no less conspicuous benefit. Since the above experience, I have often used this infusion with the most marked benefit in that irritable stomach which often attends cholera infantum, as well as gastric and gastro enteritic fevers."

The apocynum was used for the same purposes as we now employ it, but in larger doses; yet some gave it in quite weak infusion, and once I find it used in combination with the lycopus. The following will show their method, and I might remark that the mentha viridis is still one of our best diuretics.

"In doses of from fifteen to thirty grains, it usually operates as a thorough emetic and hydragogue cathartic. As a diaphoretic, six grains may be given, in a little cold water, two or three times a day. It has been found beneficial in the treatment of asthmatic coughs, rheumatisms, and dropsies. It rather diminishes the frequency of the pulse, and operates powerfully as a hydragogue, without inducing prostration: hence, it is very serviceable in dropsies attended with debility. It seems also to be peculiarly adapted to those cases of dropsy which result from, or are connected with, suppressed menses. It removes the effusion, and restores the menstrual discharge. We have used it extensively in both local and general dropsy, and have found it very efficacious. In these affections it is not surpassed, if equaled, by any article of the materia medica.

"We usually exhibit it in the form of decoction or infusion, either alone, or combined with spearmint, (*mentha viridis*.) The decoction is made by boiling half an ounce of the bark of the root in a pint of water; of this, a tablespoonful is given once an hour, or as often as the stomach will bear, until it operates. The combination with spearmint is a valuable preparation. This is prepared by taking equal parts of the two articles, and pouring a pint of boiling water upon one ounce of the mixture, and then digesting it one hour in a covered vessel. This is used in the same manner as the decoction; it is rather more pleasant, and not so liable to nau-

seate the stomach. With these preparations, we have succeeded in relieving the most obstinate cases of dropsy. We have used the article under consideration, with decided success in cases of suppressed menstruation unconnected with dropsy."

Of the euonymus they write:—

"Our experience with this article, which has been put to use for a year or two past, induces us to place a high estimate on its virtues. We have used it in a variety of diseases, but have found it particularly beneficial in those of the chest, such as acute and chronic inflammation of the bronchia, of the lungs, and phthisis (consumption,) and in all affections of the pulmonary system attended with cough and deficient expectoration. In such cases it seems to act principally as an expectorant and diaphoretic, increasing in a sensible manner, (so far as we have observed,) the force or frequency of the circulation; in larger doses, it acts on the bowels as a laxative."

Of the baptisia:—

"This plant is one of the best antiseptics with which we are acquainted. We have used it extensively, both internally and externally, and have been highly pleased with its effects. In the treatment of scarlatina maligna, (putrid sore throat,) we have found it so beneficial as this, used as a wash or gargle, and given internally, we have also found it very useful in bad cases, or in the late stage of common typhus fever—also in some cases of diarrhoea, and in the offensive discharges. Externally, it is an admirable dressing for and gangrenous ulcers, applied in the form of wash and poultice. In bad cases we use it internally at the same time."

Positivism in Medicine.†

Mr. President, and Gentlemen of the National Association, I have just self announced for a paper on "Positivism in Medicine." It is no little difficulty, if one wishes to do justice to his subject, to hardly to be brought within the compass of a Society meeting. I know the meaning our worthy President attached to the subject, and he has taken as used by Morell—"The testimony of the senses as the principle of all certitude?" It could hardly have been otherwise. "Positive philosophy" of M. Auguste Comte—"It is the aim of positivism to generalize science, and to systematize sociality; it aims at creating a philosophy of the sciences, as a social faith."

I am inclined to believe that this is intended as another name for what I have taught as "specific medication," and I am expecting to show that there is a positive relation between drugs and disease, and that a specific which may be employed to improve our therapeutics. I do not contend for "positivism in medicine," and I base it upon the testimony of the senses as the principle of all certitude."

† To be read before the National Eclectic Medical Association.

I believe that we live in a universe of law, and that the forces of nature and all matter are active to-day according to law, as they have been for millions of years, and will be forever. In plainer words, I am sure that "like causes produce like effects," and that "like effects follow like causes," and will always continue to do so. Two and two make four to-day as they did when "the morning stars sang together," as they will do to all time and to all eternity.

The first principle of positivism in medicine, as in every thing else, is the reign of law. If we live in a world of chance, then we may continue to believe in the "uncertainty of medicine." If a man sows wheat in the fall, and reaps onions and parsnips from it; plants corn, and digs oranges and watermelons from the roots; buys a pair of pigs, and from them raises monkeys and rats, then we will believe that "there can be no certainty in medicine," and we will sow a respectable youth of good acquirements in a medical college, and get a regular medical donkey as the result.

If it is a fact, as iterated and reiterated, that "there is no certainty in medicine," why should we have physicians? Indeed I should say with Oliver Wendell Holmes—"It would be better for mankind if all the medicines in the world were at the bottom of the sea, though it might be worse for the fishes."

"Positivism in medicine" is based upon a good knowledge of anatomy and a sound physiology. If a watch is out of order and fails to keep time, we take it to a man who understands the mechanism of a watch and something of the philosophy of an apparatus for marking the divisions of time. If a locomotive is to be repaired, we want a man who understands its mechanism and its movements.

This knowledge of anatomy and physiology must be a personal knowledge through our senses, for as we first remarked, "the testimony of the senses must be considered as the principle of all certitude." We may be guided to knowing by works on anatomy and physiology, but we must know by our own senses of sight, touch and hearing, to get the working knowledge we need. There is a strong reason for asking that the student should make repeated dissections of the human body, and still more numerous dissections of the organs of lower animals. There is equally as good reason for asking that he shall personally observe the functions of life in the entire body, and in each organ or part. In this I do not differ from the more advanced thinkers in medicine, though it does differ widely from the common education of the physician, who obtains his knowledge from books.

Having a definite knowledge of the healthy structure and functions of man, we have a standard with which to compare the sick. If one is practising surgery, he will have an eye trained to recognize the symmetrical structure and functions of bones, muscles, and articulations, and fingers trained to know the right shape and position of them. Then if we meet a dislocation or fracture, we recognize the lesion at once, and know when we have reduced the one and properly set the other.

Every function has its definite expression, readily recognized by the educated physician. It matters not whether it is brain, organs of special

sense, organs of digestion, of respiration, circulation, secretion, or of locomotion, the condition is shown by well defined symptoms. As we have an expression of health, so we also have an expression of disease; the one the language of health, the other the language of disease.

We say of a healthy man—"he is able to do a man's work in the world, and do it pleasantly;" of any organ or part—"it is able to do its work, and it does it pleasantly." Of a sick man we say—"he can not work, and he suffers discomfort;" of a part—"its function is not properly performed, and there is a sense of discomfort or pain in it or from it." If one is confined to his house, he is sick; to his room, sicker; to his bed, sickest. If he can not change his position in bed, and lies on his back, he is cultivating an acquaintance with the undertaker.

As we observe the patient we determine the extent to which his life has been undermined by debility or inability, and we do not fail to see the necessity of conserving and supporting the life. There are thousands of men practising medicine who have not been able to get this far, and who never recognize the fact that in disease there is always impairment of life. They rush at the patient as if he were possessed of a demon, which must be forcibly exorcised, and employ the very means that will further depress the feeble life he has. It is nauseants, cathartics, irritants, opiates, diuretics, diaphoretics, plus quinine and counter-irritation, irritation of stomach, upon irritation of bowels, upon irritation of nerve-centers, until the patient would feel blessed if he were on the other side of Jordan, even though the devil had him.

If a physician will go back and study pathology from Williams, and therapeutics from Headland, he will get on much better. The one will tell us that all disease may be measured by the rule of *excess*, *defect*, and *perversion*, that excess (excitement) is to be brought down, defect is to be brought up, and perversion is to be brought back, the standard being that of healthy life. Headland will tell him that remedies have an elective affinity for certain organs or parts, or functions, and that their influence is very positive—so much so, indeed, that with like conditions we may expect like results. Why not? as this is one of nature's laws, and if it were not so, we would live in a world of chance.

A simple rule of three, to be sure, and one that may be readily applied, and one that will help us to establish "positivism in medicine." If our patient has a fever, we proceed to its analysis in this way: *excesses*, of temperature, frequency of pulse, nervous excitement; *defects*, loss of appetite and digestion, loss of strength, defective excretion from skin, kidneys, and bowels; *perversions*, of the blood, periodicity wanting antiperiodics, typhoid wanting antiseptics, erysipelas, rheumatism, etc.

We can understand clearly that the temperature is to come down to 98°; that the pulse is to come down to its normal standard, and that nervous excitation is to be quieted. It is equally clear that the stomach and bowels are to be kept in good condition for the reception of a small amount of food, that the strength may be sustained, and that the skin, kidneys and bowels be influenced toward normal secretion. If there is periodicity, we want quinine when the patient is prepared for it; if typhoid symptoms or zymosis, we want antiseptics or antisymotics; if

erysipelatous, rheumatic, or other wrongs, we want the special remedy that will right these.

It is equally necessary to understand that these several wrongs are equal; that some one is first, and that others are based upon it. I take away or control the principal wrong, the others will be abated, the disease is not entirely arrested, remedies will readily reach the other wrongs. Thus in the case of a fever, aconite or veratrum alone may be all-sufficient to remove the disease, if it is based upon a lesion of circulation. Or, if based upon a lesion of the temperature and the cold or hot wet sheet or blanket pack may remove it. If the present lesion is of the nervous system, the disease may be wholly removed by gelseminum, rhus, belladonna, or such remedy of this character may be indicated. Many a case of fever, in the olden time, was arrested by the spirit vapor bath and diaphoretics, and other means to establish secretion, this being the principal wrong. Then we have cases of malarial fever in which quinine will cure, typhoid and zymotic disease which is cured by sulphite of soda, sulphurous acid, baptisia, chlorate of ash, or muriatic acid.

Every one will recall the cases of erysipelatous fever cured with the use of muriate of iron. At first one is surprised to see it bring the pulse down from 120 to 80 beats per minute, the temperature down from 105° to 99°, relieve the distressing pain, stop the delirium, give rest and sleep, antidote the typhoid symptoms, clean the tongue, start the secretions, and bring back the appetite. It seems strange, and we can account for it in our ordinary way of thinking, but it is none the less true.

I have seen the same thing time and again with other remedies. I have a patient suffering with fever, and the symptoms are altogether unpleasant. The face is swollen and bluish, and I give him baptisia. The pulse comes down, the temperature comes down, the nervous system is relieved, the condition of the stomach improved, secretion is established, the typhoid symptoms pass away, and the patient convalesces. He has had but the one medicine, yet it has been everything to him.

Here is an epidemic of typhoid fever, and patients are doing badly under the ordinary treatment, and the death-rate is likely to be large. We notice that the tongue and mucous membranes are dusky red, and we remember that this is the indication for muriatic acid, and we administer it of the strength which will make a pleasant drink. Again we note improvement in the circulation, a reduction of temperature, relief of the nerve-centers, an improvement of the typhoid symptoms, but better, and our patient goes on comfortably on muriatic acid alone.

I have seen the same thing with podophyllin, as I have seen podophyllin given to the great detriment of the patient. Here is one case of fever, with full face, full abdomen, full veins, oppressed brain, and depression of almost every function of life. Sedatives are given, but they do not sedate; remedies to influence the secretions, but they are not influenced; drink, but it does not relieve the thirst; antiperiodics, but they do not antidote the periodicity. Podophyllin is given in the usual dose, or the small dose, and the nervous system is relieved, the pulse comes down, the circulation is improved, the temperature comes down, secretion is established, and the patient convalesces.

All this would seem very strange to the *regular* physician, and he would dispute it on principle, because he knows that there is "no certainty in medicine," and that "you can not predicate the result when a medicine is given." It may also seem strange to some of our *liberal* Eclectics, who are hanging on to the skirts of the old-school, and who also believe that "there is no certainty in medicine." But if any one will honestly test it for a year, I will guarantee that he becomes a convert.

"Positivism in medicine" must rest upon positivism in diagnosis; in other words, upon specific diagnosis. The diligent reader of medicine will be impressed with the stress placed upon diagnosis by modern teachers, and he will take up the nosological table with a feeling that a great amount of skill is necessary to become a good^d diagnostician. He will see also that such skill is highly valued, and a good diagnostician takes a foremost place in the medical ranks, and enjoys the fat fees of consultations. He will be pointed to special works on diagnosis, and to large volumes on the practice of medicine because they are "very good on diagnosis," and he will read until he is weary.

But as he goes on he will find a very feeble relationship between diagnosis and therapeutics—very few remedies to very much disease. As the one who examined Falstaff's tavern bills put it—"a deal of sack for such a small amount of bread." Indeed he may come out of the investigation without finding any relationship between diagnosis and therapeutics, and be plainly told that "the less medicine given the better will be the results," and that the "expectant practice," has proven decidedly the best.

I concede that the diagnosis for a name is not to be ignored, for names must be had to satisfy friends, to fill public records, and as a method of classification to point the study of pathological conditions. We understand clearly that "names are not to be prescribed at," and that when we have determined an appropriate name for a disease, the diagnosis has but commenced.

The investigation still goes on to determine the true and full nature of the lesion. We want to know the exact departure from health, both in structure and function, and as you are well aware this varies even when a disease carries the same name. If we can rightly determine the physiological wrong, and know remedies that influence the function or the part in an opposite direction, or towards a healthy standard, we will arrive at a positive treatment.

Remedies are elective; that is, they have an affinity for certain parts and functions. They exert a positive influence in one direction, all things being the same, so that, knowing this condition of disease, we may safely and certainly predicate the action of the remedy. Thus aconite in medicinal doses always influences the circulation, and if the pulse is frequent and small, it always improves the circulation, lessening the frequency of the pulse. Veratrum also exerts a special influence upon the circulation, the pulse being full, strong and frequent, and the circulation is always improved by it. Gelsemium exerts a special influence upon the brain and spinal cord, lessening irritability; if there is irritation and determination of blood, it removes the irritation upon which this is

dependent, and thus brings the nerve-centers back to their normal condition. Belladonna also influences the brain and spinal cord, stimulating its capillary circulation; if therefore there is congestion of the brain and spinal cord, marked by dullness and coma, this remedy will give relief. Lobelia, in less than nauseant doses, exerts a special influence upon the circulation and upon the respiratory function; this influence is markedly stimulant, and if we have an oppressed circulation and oppressed respiration, lobelia gives relief. Bryonia exerts a special influence upon serous membranes, and upon the respiratory function, and in irritation or inflammation we employ it with certainty. Ipecac exerts a special influence upon mucous membranes, relieving irritation, and we employ it to oppose irritation or inflammation of these tissues. Phytolacca exerts a special influence upon the lymphatic system, the mouth and throat, and the breasts, and we employ it successfully in diseases of these organs and structures. Every one recognizes the influence of podophyllin on the small intestine and associate viscera, and some have had a vivid realization of its stimulant influence. In disease characterized by atony of these structures we employ this remedy with advantage. It is not so well known that it exerts a specific stimulant influence upon the entire venous system, and upon the sympathetic nerve-centers, but it is a fact so well known that we give it with the greatest certainty when there is an enfeebled venous circulation and deficient sympathetic nervous innervation.

(To be continued.)

Another Nut for the Cincinnati Lancet and Clinic.

The Chicago Medical Gazette noticing the persistent advertising of "cheap Cincinnati diplomas" counsels our *regular* friend in this wise:—

"The Cincinnati Lancet and Clinic is distressed and grieved over the fact that, regardless of sex, or previous condition of servitude, any individual may obtain in Cincinnati a medical diploma for twenty five dollars. If any one chooses to be defrauded into paying twenty-five dollars for a Cincinnati diploma let him pay it. Why distress yourself, Oh, Lancet and Clinic? Such a transaction is of slight account. An unauthorized institution, having no share of the public confidence, has simply declared that a dishonest and ignorant party may practice medicine. If the public does not protect itself against such fraud, let the public learn wisdom by experience. It is not this sort of traffic which is most pernicious; it is the conferring of medical diplomas by authorized institutions upon unworthy candidates which is destructive. Those institutions which have the sanction of the state, and whose managers have the confidence and respect of the public, are sending out thousands of men every year with relatively no greater claim upon the public confidence than have the holders of bogus diplomas. Ponder upon this question, Lancet and Clinic! Ponder in Cincinnati! Ponder!"

It might also have said a word about low fees for a series of years, \$20 to \$40 for a course of instruction, about admitting students at all periods of the course up to January 1st, and letting them drop out at any

time after December, and counting it a full course of lectures. Two weeks of holidays at Christmas, Saturday afternoons off, two to three weeks of broken lectures on account of examinations, and the course of lectures is rather feeble, and the two such courses for graduation would certainly not make a very learned physician.

We advise our *regular* friends to come over to forty weeks a year, and a three-years course of instruction.

The Ethical Code.

The upright and conscientious in the profession will treat their brethren fairly on all occasions, whether subscribers to a formal code or not, and a physician actuated by selfish motives will disregard the rights of others, notwithstanding the pressure of ethical rules. However, when a medical man commits an unprofessional act his conduct can be passed upon and condemned by an association of medical gentlemen in convention assembled. Ethical rules, then, are of some use whether they be strictly lived up to or not,—they are good so far as followed or obeyed, and most physicians need the chiding influence of an ethical code.

Our allopathic brethren affect to be exceedingly punctillious over ethical matters, yet they often violate their principles in the most flagrant manner, as the following truthful narration will show.

Not long since a modest allopathic physician of this city was professionally attending a lady who had been in delicate health some time, the difficulty being dyspepsia, with nervous irritability as a complication or sequence. At length the husband of the patient suggested to the young physician that he have counsel, naming Dr. B. as the gentleman of his choice. The attending physician, relying upon the ethical code for protection against the encroachments and sinister influences of an older physician, readily consented to the proposed consultation, and sent a polite note to the professional brother asking him to name an hour for meeting on the following day. The consulting physician assigned the time of meeting, but arrived a little in advance in order to hold a brief interview with the husband. The old doctor in accordance with the code spoke well of the attending physician, yet said every few minutes that he was young and necessarily unacquainted with the grave diseases of delicate females. Well, the attending physician arrived on time, and the consultation commenced at once. The old doctor did not ask his professional brother to describe the case, but questioned the patient in a profound and inscrutable manner, and then began to use his "instruments of precision" in the diagnosis of the case. At first the eyes were ophthalmoscopically observed, and a slight cupping of the optic disc described. The defect was afterwards demonstrated by the use of test type taken from the doctor's satchel. Secondly the ears were examined by the aid of a reflector, and the "fibres of Corti" found to be indurated in the left ear. This diagnostic point was confirmed by an acknowledgement on the patient's part that she had suffered occasionally with a ringing sensation in that ear.

Thirdly, the laryngoscope was employed, and a fringe discovered on the border of the epiglottidian folds. The interested patient admitted a

in the throat, especially of mornings and about the
up. She regretted not having called her physician's
annoyance.

stethoscope was brought into use in sounding the chest,
sant rales were detected in the lungs. A mitral regur-
nd, as well as a distinct palpitation. Here the lady
e assertion that she had always suspected heart disease.
lomen was mapped out, and the ovarian regions care-
ad it was found that the right ovary was slightly sensi-

Now the patient did not fail to acquiesce in this timely
vary old physician predicted uterine disease of a serious
ceeded to demonstrate his views. A thermometer in-
led 99° and a fraction; a speculum disclosed positive
os, with signs of uterine catarrh. A digital examina-
an appreciable amount of obliquity in the uterine axis.
ations and explorations were at an end, the two physi-
n adjoining room for consultation, and the husband and
rtunity to talk over the wonderful skill displayed by the
patient said at once that she should discharge the young
as practicable, and engage the services of the more

a young physician learned through a polite note that his
e no longer desired, and the old physician was sum-
ofessional charge of the case.

cedure, mean as it was, came within the latitude of the
t old practitioner had deliberately planned to steal the
ngly succeeded, though all was done *secundum artem*.
young practitioner could do no more than sit down and
njustice and hypocrisy of the famous ethical code.

nd approving conscience needs only the dictates of the
Do unto others," etc., constitutes all the code profes-
need. There is no necessity for conventions to meet
at rule; it ought to be impressed on every physician's
ed indellible by ever-recurring gracious deeds. H.

Eclectic Medical Association.

annual meeting of this Association was held at Spring-
dining hall of the Lagonda House at 8 o'clock, P. M.,

Dr. H. Parker, called the Association to order, and
Alexander Wilder, of New York, who addressed the
e origin, rise and progress of Eclectic medicine, refer-
rington College as the first, which was transferred to
hirty-five years ago. Also giving the rise and progress
New York State, with a thriving State Association,
xiliary societies. The practitioners among Eclectics
generally followed some laborious labor, and are inde-
ily led about by the nose by influence.

Prof. John M. Scudder, of Cincinnati, was called on.

Prof. A. J. Howe, of Cincinnati, spoke also on legislation concerning the practice of medicine.

Dr. Howe moved that Prof. Wilder receive a vote of thanks. Carried.

The minutes of previous meeting were then read and approved.

The President was asked to fill vacancies in Committee on Credentials. The committee was appointed as follows: Dr. C. Markt, Dr. J. H. Reynolds, Dr. A. P. Taylor.

It was moved and seconded that all knowing themselves to be members report their names and address. Adjourned to 8½ next morning.

May 5th, President Parker called the Association to order at the appointed hour, and then introduced Rev. Warren, of the Congregational Church, who made a very appropriate prayer.

Mayor Wallace was then introduced, and in a fluent speech welcomed the Association to the hospitality of the Champion City. Dr. A. G. Springsteen, of Cleveland, replied in a very acceptable speech.

The Secretary then read a letter from Dr. James Anton, explaining the cause of his absence, which was accepted and put on file.

The roll of members was called by the Secretary.

Dr. Howe moved to suspend the rules requiring nomination of officers by a committee, and that the Association elect by ballot. Carried.

J. B. Schultz, M. D., of Logansport, Indiana, was elected an honorary member.

The President appointed as auditing committee to examine the Treasurer's books, W. S. Cox, W. P. Madden, and A. L. Cope.

The annual address of the President was then delivered, which from its merit, was well received by the Association.

Prof. J. M. Scudder, of Cincinnati, delivered a very acceptable and instructive address on "The latest and best Mode of Practice."

Dr. C. Markt addressed the Association on the Use of Medicines.

Dr. J. T. McLaughlin read a paper on "The Perihelia Theory and Medical Science."

The auditing committee reported the treasurer's books correct.

Dr. Russell introduced three ladies who had mammary tumors removed eight or nine weeks ago, using thymol as a preferable antiseptic.

Moved that the Miami Valley Eclectic Medical Association be received as auxiliary to State Society. Carried.

Dr. A. L. Cope, delegate from Mahoning Valley Association, was received, and the Society recognized as auxiliary to State Society.

The following officers were elected for the ensuing year:

President—L. E. Russell, M. D., Springfield.

Vice Presidents—A. G. Springsteen, M. D., Cleveland; W. Gemmel, M. D., Forest.

Recording Secretary—W. P. Madden, M. D., Cedarville.

Corresponding Secretary—S. H. Potter, M. D., Hamilton.

Treasurer—James Anton, M. D., Lebanon.

A committee conducted gentlemen to their respective chairs, and with appropriate speeches they assumed their duties.

On motion, Prof. Alex. Wilder was made an honorary member.

Dr. W. P. Mader reported Central Ohio Association; received as auxiliary to State.

A paper was read on the Practice and Principles of Medicine by Dr. J. H. Sumner; and one on the Treatment of Hemorrhoids, by Dr. J. H. Butcher.

A hearty vote of sympathy was given to Dr. Anton in his affliction.

A vote of thanks was extended to the retiring officers for their zeal and untiring devotion to the Ohio State Association of Eclectics.

The Executive Committee was directed to select the place and time of holding the next meeting. Adjourned.

The meeting was harmonious throughout, full of interest, and profitable to all who attended it.

The Annual Announcement.

With this issue we send the "Annual Announcement of the Eclectic Medical Institute." It will be seen that the classes have been large, and the school prosperous. A large number of students now attend three or four courses of lectures before graduation, and the graduating classes are therefore smaller in proportion than they were in the olden time.

The coming year promises to be a very good one, and already we have had a large number of inquiries. It is a fact that no college gives a more thorough course of instruction, and very few equal it. The practice of medicine taught here differs as much from that taught in other colleges as the *Eclectic Medical Journal* differs from other journals.

We will be glad to send the Announcement to any who may be interested.

The Burdock Burr.

Though the heart containing the "burdock burr" was presented before the Association by our old friend, Dr. Henry Parker, he had nothing to do with the explanation given, and what was said was not intended to reflect upon him. The specimens will probably be placed in the hands of competent persons this fall for examination, with such history of the case as can be obtained, and then we may know what it is and how it came there.

The Eighth Sense.

It is true that in medicine we teach that the functions of the mind depend upon the physical condition of the brain and the body of which it is a part, and that in aberrations of mind we always look for physical causes, and direct our remedies to rectify them. But because we believe and teach this, is there any reason why we should not look beyond this, or why we should think of the mind as secreted by the brain, as bile is secreted by the liver?

The human mind is a wonderful thing, only less than that infinite intelligence which has brought order out of chaos. Whilst not creative, it reaches out and notes the forms, qualities, movements, and even weighs

the stars and planets. Turned inwards it notes the body it resides in, and to some extent subjects itself

If one can realize a relation of spirit and body, as the one simply resides in the other, and wears it like why not? "If in this world only we have hope, we are miserable." I should rather people the earth with gods the Greeks, than to believe myself the secretion of the unpleasant fat) like bile is a secretion of the liver. is lost in bile, the heart of life is lost in bile, the aspect comes cholesteric when we think of mind as a secretion

Wandering in dreamland once, I found
A woman weeping on the Ægean shore,
Who answered, when I asked, "why weepest
"Great is our grief: the gods are here no more

"Dost thou lack bread," I said, "or anything
Held precious or in high esteem before?"
"Ah, no! with wealth our garners overflow.
Didst thou not hear? The gods have left our shore

In vain I strove to comfort her,—to prove
The gods were not, nor never had been there;
Yet while I spoke, a voice in me arose
And cried, "Thou liest! the gods are everywhere

Society Meetings.

The National Society will meet in Chicago, June 1 attendance is expected.

The Illinois Society meets at Springfield, Illinois, holding two days.

The Massachusetts Society meets in Boston, June 1

The Nebraska Society meets in Omaha, June 8th.

The Wisconsin Society meets at Milwaukee, June 2

BOOK NOTICES.

A SUPPLEMENT TO THE AMERICAN DISPENSATORY
KING, M. D., and Prof. J. U. LLOYD. Wilsbach
Publishers, Cincinnati.

This volume, which brings the Dispensatory up to has been expected for a good while, and we are glad arrival. There have been many additions to the material past few years, much progress in chemistry, and some sciences to be looked after, and this supplement is intended. I have looked over the proof sheets, and we think that our readers will do well to procure this volume. Dispensatory, or order the new edition of the Dispensatory supplement.

Much care has been used in describing the new chemicals in every part, and this volume will supply our wants until an entirely new edition of the Dispensatory is published.

The supplement will be supplied to those who have the Dispensatory at \$2.00 for three months; after this time it will only be sold with the Dispensatory, the price of the complete work being \$10. Orders may be sent to Dr. Scudder or to the publishers.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE. By JAMES TYSON, M. D. Lindsay & Blakiston, Philadelphia; Robert Clarke & Co., Cincinnati. Price \$1.50.

In the modern practice of medicine, especially in the diagnosis of chronic disease, an examination of the urine holds a prominent place. We have got beyond the crude examinations of the old uroscopians, as we have lost the fear of being known as "p—ss doctors," and it is the mode to be up in urinary analysis.

The work under consideration is a very good guide to the examination of urine, and may be relied upon by the practitioner.

POST-MORTEM EXAMINATIONS WITH SPECIAL REFERENCE TO MEDICO-LEGAL PRACTICE. By Prof. RUDOLPH VIRCHOW. Philadelphia, Presley Blakiston; Cincinnati, Robert Clarke & Co. Price \$1.25.

Post-mortem examinations are not made as frequently as they should be, or as they might be, and it is a means of education not to be neglected by the physician. A knowledge of how to make a post-mortem, and what to look for, is a part of a good medical education, and this little work will refresh the mind on this subject. I need not say that Rudolph Virchow is a most eminent authority—the leading pathologist of the century.

SEA-AIR AND SEA-BATHING. By JOHN H. PACKARD, M. D. Philadelphia, Presley Blakiston; Cincinnati, Robert Clarke & Co. Price 50 cents.

Sea air and sea-bathing are good things, and those who can afford them might read this little book. I shall take my sea-air this year upon the ocean, and as it is much too large for a swim, I will have the bath in a tub. All to be preceded by an unpleasantness called "sea-sickness."

SPECIFIC MEDICATION AND SPECIFIC MEDICINES. Tenth edition, thoroughly revised. By JOHN M. SCUDDER, M. D. Price \$2.50.

The entire *Materia Medica* has been revised for this edition, and nearly one hundred and fifty additional remedies described. It is not likely that the volume will need another revision for several years. Its publication was delayed by press of work in our printing office, and we owe an apology to the large number who had sent in their orders, and who did not receive the book as they expected. But all orders have been filled, and those who order now will receive the book by next mail.

Propylamine Chloride in Rheumatism.

Dr. W. W. Townsend (*Country Practitioner*) relates several cases of acute rheumatism, and also of the sub-acute form, successfully treated by this agent. He gives the following formula: \mathcal{R} Propylamine chloridi gr xxxvi. aqua menth. pip. \mathfrak{z} vi., sacch. albi. \mathfrak{z} ii, M. One teaspoonful every two hours. He has never failed to cut short a case of acute rheumatism in the twenty-five or thirty years he has used it.

MARRIED—May 4, in West Jefferson, Ohio, by R Dr. HORATIO S. DOWNS, of West Jefferson, and Miss Mt. Gilead, Ohio.

DIED—At Cadiz, Ohio, on Tuesday, April 20th, 17 of paralysis, aged 60 years.

All Eclectic and liberal minded physicians in the State of K send their address to either of the undersigned. Object a State E tion.

JAMES G. HART, M. D.

T. M. PRINCE, Cold W

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T H E

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ORIGINAL COMMUNICATIONS.

Art. LXVI.—Positivism in Medicine.† (Concluded from Editorial of last number.)

These are but a few of the remedies that might be named in this connection, but they will serve as examples to prove the position I have taken, that remedies have an elective affinity for certain organs and parts, and influence these in well known ways, and this influence is definite and positive. If we know it once we know it forever, and so long as the world stands the very same action will be obtained in like conditions.

I imagine I hear a doubt or many doubts of our ability to determine *like conditions*. This also is an uncertainty. Everything is uncertain with some physicians, because they have uncertain brains, and uncertain organs of sense. If they had trained the one to correct observation, and the other to correct thinking, they would find that the problems of disease could be studied and unraveled as a naturalist studies and unravels the secret things of other creatures. We want scientific work here, free from supernaturalism, free from the dogmas of the olden time, free from theories, and based only upon careful observation.

To have "positivism in medicine," it is absolutely necessary that the diagnosis should be made with reference to the indications for remedies, for remedies are indicated as clearly as pathological conditions. We have studied the action of remedies upon the human body in health and in disease until we know drug expression as we know disease expression, and we are able to recognize a definite relation between the two. In many diseases the remedy is as clearly indicated as the pathological condition, in some more clearly, whilst in others, of course, we can not as yet see it.

† Read before the National Eclectic Medical Association, June, 1880.

You don't believe it? Well, we won't quarrel about it, but will take something that you do believe in. What shall it be? Vaccine virus? No. It might be minute in quantity and wholly inert to those who had had small-pox, but it is disease. Arsenic and copper are poisons, graphite is another charcoal. How will podophyllin answer in trituration? Try it, and the more you use it the more you will like small doses.

And yet I want some substance to my medicines. The usual gtt. v. to gtt. x. in water \bar{z} iv. is very good. I can handle the remedies easier in this form, and the indications are clearer, and I think the results more certain.

In continuing this study of "positivism in medicine," let us see the indications of a few of the more prominent remedies in large and small doses. Unlike our Homœopathic neighbors, we want but few indications, we will be satisfied with one or two where they want twenty-five hundred, but we want something tangible, and that is appreciable by our senses.

Supposing we have a case of secondary syphilis as a first example, and iodide of potassium as the medicine. What an uncertainty there has been about this, and what an uncertainty remains! I have seen iodide of potash used in such a case until the tissues were literally melted down, and the patient would die of extensive ulceration, disease of the lungs, of the brain, or of the mucous tissue. It did not matter much what it was combined with—compound syrup of stillingia or compound syrup of sarsaparilla. Then in other cases it would exert a marked curative influence. No one seemed to think that there was any discernible difference in these cases, no one ever looked for a difference.

When I noticed the fact named, I looked for some special expressions showing the case in which iodide of potash would be curative, and the case in which it was poisonous, and I found it in this: the remedy would cure when the tongue was large and of a bluish pallor; it would do harm when the tongue was contracted and red; and these are very good guides to-day. You may, if you look, find some other expression that is better; if not, take the ones named.

What is the indication for quinine in antiperiodic doses? Most assuredly it is that feature of disease which we know as *periodicity*. In what case may we expect quinine to cure? When there is periodicity, and when we can introduce the remedy into the blood and obtain its kindly action. When will it do no good, and probably do much harm? When there is no periodicity, or when the remedy can not get into the blood, or can not act kindly.

Even when quinine is the remedy we say that "there must be a soft pulse, soft skin, a moist and cleaving tongue, and a nervous system free from irritation." If a disease is not periodic, quinine had better be dispensed with, except in the rare case when used as a nervous stimulant.

I have seen quinine used in typhoid fever until every nerve would quiver from its excitation, and the patient would suffer the tortures of the damned. I recall a case where I treated one patient suffering with typhoid fever (a medical student) in one corner of a room, and a prominent professor in a *regular* college treated another patient in the other

Chlorate of potash when there is a cadaveric odor, like an offensive lochia or from cynanche maligna.

These are facts of great importance, and they cannot be told too often, or impressed too deeply. It will not do to say, "if they are true," because we have had sufficient time and testimony to show their truth, and I hold if there were nothing more this would be a sufficient basis for positivism in medicine.

Let us have whooping cough with its group of remedies as another example. If we prescribed for a disease according to the nosology we would have one prescription for whooping cough. If we prescribe in the ordinary way, we use any one of a dozen mixtures because other people have found them useful in this disease. If we prescribe rationally we find different conditions in whooping cough, and different remedies cure different cases. The remedies which have been used most are belladonna, drosera, nitric acid, bromide of ammonium.

Belladonna is employed when the patient is dull, drowsy, and inclined to sleep.

Drosera when there is an irritative cough like measles.

Nitric acid where the tongue and lips have a violet hue.

Bromide of Ammonium when the cough is marked, convulsive or epileptiform.

Rheumatism and its remedies will give us another good study of "positivism in medicine," as "positivism in medicine" enables us to manage this unpleasant disease with a moderate degree of success. The old "uncertainty in medicine" with its six weeks of suffering and sorrow, its heart disease, and lasting lesions of joints, is certainly not so attractive as to hold us or win us to the regular practice.

I lay it down as a rule, that rheumatism may be satisfactorily treated if we can find specific indications for remedies, and it had better not be treated if we cannot find them. The remedies we will study here are the alkalies, acids, tinct. of muriate of iron, macrotys, bryonia, apocynum, sueta, salicylic acid.

The indication for an alkaline treatment (soda) is a marked pallor of mucous membranes.

The indication for an acid treatment (lemon juice) is a bright redness of mucous membranes.

The indication for tincture of muriate of iron is a dusky redness of mucous membranes, and an erysipelatous flush of the part affected.

Macrotys is indicated by tensive pains, muscular pain, and especially in rheumatism of the uterus.

Bryonia is indicated by sharp, twisting pains, affections of synovial membranes, cough, and pain in right side of the head.

Sueta is indicated by pains in the shoulders, back of neck and occiput.

Apocynum is indicated by œdema of eyelids, of the feet, and of the part.

Salicylic acid is indicated by a large bluish tongue, and shifting pains.

These things are very plain and very true to me, but of course they will be neither plain nor true to those who have not given the subject some study. If they are true, then specific medication is "positivism in medicine," and it must be the practice of the future.

We may take *rigidity of the os* as a cause of difficult labor as our next example. The profession have certainly gone wool gathering in this matter, and like other wool-gatherers have come home shorn. It does seem at first sight as if the name "rigid os" should cover a definite pathological condition, and call for a constant treatment, but it is not so.

We have a difficult labor, with inefficient pains, and an unyielding os, and when we bring our fingers in contact with the lower segment of the uterus we find it full, thick, and leathery. There is fullness of the face, an oppressed pulse, and oppressed respiration. We administer lobelia in slightly nauseating doses, and everything progresses nicely.

In another case the patient is extremely restless, her eyes are bright, features contracted, and she suffers intense pain. An examination determines the lower segment of the uterus thinned, the os parchment like, and the edge almost cuts the finger. We give gelseminum, and our patient goes on comfortably.

In another the pains are irregular, or rather the contraction of the uterus is irregular, and though there is an excess of pain, there is slow dilatation and no progress. We give macrotys, and in a short time the labor is progressing naturally.

We have another in which the pains are spasmodic, and the woman complains of "cramps" in the lower abdomen. We administer viburnum and in a short time things go smoothly.

Let us take headache as a last example, and briefly note the remedies that have been found most useful, and the indications for them. It is true that some people have an infallible recipe for headache, and the literature of medicine is full of medicines "which have been found useful in such cases."

The headache is from enfeebled circulation, the eyes are sunken, the face pallid, the pulse feeble. We give ten drops of sulphuric ether on sugar, or five grains of carbonate of ammonia, and with an hour's rest the headache has ceased and the brain is ready for work.

Our patient has a flushed face, bright eyes, contracted pupils, and increased heat of head, and the "head aches all over." We cure it with gelseminum.

The patient feels dull and sleepy, would sleep if it were not for the pain; eyes are dull and pupils dilated. We cure it with belladonna.

The pain is frontal, especially in left orbit, is sharp and burning, and there is contraction of the tissues about the eyes and brains in some cases. We cure it with rhus.

The pain is in the back of the head and extends to the neck; movement of the head increases it. We cure it with sticta.

The patient is nervous and feels as if she had lost all her friends. Give her pulsatilla.

The veins are full, the head feels full, as if it would burst, and there is dizziness. Cure it with podophyllin.

The tongue is full, heavily coated, with fullness and weight in epigastrium, disgust and nausea. This is a case for an emetic.

There is extreme nausea, sometimes vomiting; the face is sallow, yellowness about the mouth, intestinal uneasiness. Give nux.

The paroxysms of headache are preceded and attended by scanty urination, and we give acetate of potash or other renal depurant.

The patient is a sufferer from chronic headache, and there is marked dizziness and difficulty in commanding the voluntary muscles. Give iodide of ammonium.

The headache is distinctly periodic, and we cure it with quinine in antiperiodic doses.

This list of remedies might be increased, but we have enough to show the necessity of a careful adaptation of the remedy to the condition of disease as defined by the symptoms. What is true of headache is true of every named disease, and there is no case that may not be analyzed in this way.

Though I have not been able to give the subject the time that it deserved, I hope that what I have written may show that we have reached a period when we may have "positivism in medicine," if we wish it.

Art. LXVII.—Continence: Its Relation to Nervous Affections. By J. T. Kent, M. D.

It has often been remarked that aged people who have always lived single are generally eccentric and peculiar in their habits and mental characteristics. I think it is not far from true that the facial aspect of these people is so well marked that an expert physiognomist can distinguish them from other people. But it hardly requires an expert to detect eccentric acts in most individuals who have lived a good portion of their lives in single blessedness (?). Yet it would be far from rational to suppose that all continent people suffer from such peculiar features as constitute truly nervous symptoms. Many times these eccentricities are natural to the individual and not caused by the mode of life; again, they grow, as the person advances in life, out of definite causes, the commonest of which is sexuality. That such nervous manifestations do exist in proportion to the happy surroundings of the individual in his or her sphere of life sexually is not far from the truth. To say that all persons who are absolutely continent, or who indulge to satiety in venery, must suffer from the usual sequelæ, would be dogmatic and would overdraw the realities.

Any one who will take time to compare the peculiar features and salient points in the daily conduct of the old maids with those of married females, will observe a concatenation of nervous phenomena in the former not often observed in the latter. It is in the female we have a better chance for comparison, as we have a better assurance of a comparative degree of continence. Not that all furnish criterions of equal worth in comparison, but in measuring the salient points in a large number, we find a mass of evidence to ponder over, and generally they are marked sequelæ of discontent.

It is not uncommon for me to listen to a history something like the following: "I have lived a single life; I am forty years of age; never was quite satisfied with my condition in life." This lady relates a history of nervousness, general excitability and sleeplessness, pains and

aches too numerous to describe; she has retroflexion. But what has her single life plaint? The dissatisfaction antedated her the realization of aimlessness, with the lac was sufficient to bring about great change from intellectual confusion and a chain of prosthemia beyond a question.

It is beyond our present state of knowledge influences of a long-continued unreciprocal and chaste female of an ordinary physical inclined to believe when this innate desire is not expect such dire effects to follow; but matic persons are isolated. But when sexual aversion to the opposite sex and absolute rare features of disposition, and I might have observed such a person. While admission is often very difficult to obtain in many of tients whose symptoms, character, and his harmonize that a physician whose senses led astray by deceivers.

A gentleman among my patrons had been of strong will and a high appreciation of power, and after a long period of continence concatenation of nervous phenomena. He for such symptoms, as he had never been culture and of a high order of sensibility. he had duly appreciated, had but slightly after becoming, as he considered himself, as ing nervous; "fidgety," "odd," "contrary," describe his peculiarities. He had trouble general features of nervous excitability. which had not troubled him much, as he these were natural. He took the usual remarks manifestations, but the relief was remarkable second marriage, when his nervousness payment.

It is useless to describe every feature exaltation of continent people; each physi self. In the male, insomnia, erythema in anus and bladder, a dull pain in the back, and limbs, and a general unrest, mark the tom picture. In the female, displacements teria, will be found, with a concatenation too long to enumerate. The male will get evacuations of semen.

With some males an abrupt change from abstinence, though no excess had been pr variety of *phobias*, head pains, insomnia, a great exhaustion of the nervous system, a

contacts continued, no such manifestations would have occurred. Such a change is observed in one who has lost a companion, or in a young man who has been informed by a consultation with some friend, or by reading charlatan literature, when he goes too abruptly to the opposite extreme, from excess to continence.

The continent female of advanced life has not suffered from an early excess, but from a vacancy in her life she has not been able to fill. Not that her sexual appetite has teased her, but the want of a companion upon whom to bestow her latent love and admiration. I have observed many females whose sexual appetites had probably not been developed in a true sense, and yet sexuality was prominent in its latency. Admiration and true affection mature only when the object presents. Females who marry late in life furnish us all the evidence we have in this sphere. We see the cause of nervous manifestations when we see the phenomena that arise in such cases, as we see the relief that follows a happy marriage. Can we but conclude that conjugality would have obviated much in these nervous cases of continent maids? The most troublesome irritation of the ovaries is found in continent females. A woman need not be erotic to suffer from the neuroses of continence. The constant feeling that life is not quite satisfactory, even without the knowledge of what the necessary agent should be, is often quite sufficient to establish a neurosis.

Atrophy of the testes, or lack of development, or the absence of use during sexual life, seems to disturb the equilibrium so much that even mental faculties are dwarfed, and expansion of the intellect is rarely observed in these people. Imitation may remain, but originality is seldom observed in minds advanced in years, or in individuals undeveloped in sexuality. The brightest thoughts have emanated from sexual gluttons. If it could be ascertained that certain brain centers depend upon a corresponding development of the testes, and that these latent centers had negatively given rise to the whims of old maids and bachelors, we would be on the way to an unexplored mine of treasures. Such is undoubtedly the relation between the brain and testes, although the result may be of a reflex character.

The changes wrought upon a single person by conjugal beatitude are numerous and worth an extended consideration at the hands of every physician. I do not say marriage simply; it must be marriage with adaptation—with surroundings that produce lasting contentment. Not all the nervous phenomena occurring in old maids depend upon their unconjugal mode of life, but much of which is observed in maids only.

The eunuch's voice marks the absence of sexuality, and on account of the subjective nature of the being, he is markedly adapted to servitude. With the destruction of the testicles comes the loss of manly identity, and the gradation exists in degrees as to viril potency.

I know a public speaker who becomes dyslogic and often dysphasic, when he has been continent an unusual length of time. He is a married gentleman; his wife has suffered from periods of indisposition lasting several months. During these periods the husband is stupid and slow of word, but when the wife is in health he becomes eloquent and active in

thought. I have known many men who suffered from marked nervous phenomena while the wife was undergoing her period of gestation. Sometimes these nervous symptoms were similar to those of the wife, and therefore the old ladies have said the husband was "doing the breeding" for the wife. Old ladies can mention numerous cases of such kind husbands who do all the breeding, and permit the wife to go free from the troublesome symptoms of gestation. These cases can well be diagnosed without an extended description.

How should we advise and treat these patients? is an important problem to be solved by every physician. It is not expected that physicians shall be makers of happy matches; nor can they often bring about that necessary condition upon which relief depends. But it is not seldom that one of the continent sufferers thinks himself unfit for conjugal relations, when his imaginary disabilities may be dispelled by the physician, and it behooves that the advice offered be well chosen.

The widower who suffers from this class of neuroses should not be advised against taking another rib; meanwhile his erythism may be partially controlled by lupulin, bromide of potassium or of lithium, and by due attention to cleanliness. When he has consummated the conjugal rites his long-hoped-for goal is at hand, if his change is an acceptable one. When continence or self abuse has produced an absolute weakness of the genital organs, marriage should not be advised. While I have cited a fact that sexual alliance is a benefit in some cases, it does not follow that all cases of sexual weakness would be benefited by marriage. Better that a man be left to die alone with his ailments, than advise him to make another life miserable by an unfit union.

It is often that a proper treatment by drugs and electrization has markedly improved these cases in body and mind. They are the most amenable to treatment at the time which marks the natural decline of sexual power, which is ranged very differently in different individuals. In females it is generally forty-five, but in the male it has a wide range of difference in time, from thirty-five to sixty. I have seen males as vigorous sexually, or at least claimed to be, at sixty as at any period of life. Then at the period of natural sexual decline is probably the time the patient may expect to obtain the most relief in body and mind from treatment.

It is not more important to know what to do for these patients than to know what not to do; to know how to render intelligent advice, and prevent them going the rounds of specialists. They will accept such advice as is given intelligently, and with positiveness, but they will not endure a protracted swindling. To distinguish the class of cases from such as need drugs, and to correct the morbid condition of their minds, is the work of the physician, whether it be accomplished by diet, drugs, advice as to living, or electricity.

Art. LXVIII.—Compound Tar Plaster Doctors. By EZRA
GOODELL, M. D., Rhode Island.

DR. SCUDDER—*Dear Editor*: I am an old timer, and sympathize with time honored ways and things. I suppose you think "time-honored" means simply honored by *time*, and no longer by men. Well, those old "Reformers" were a blessed set. They used the compound tar plaster on their patients, but never on their own precious selves. This was clever of them,—it shows that they knew what they were about. Why, sir, when I was a boy I had an incipient hip disease, or articular disorder of some kind. Our family physician, Dr. Ahab Arnold of Woonsocket, good soul, came often to see me, and talked learnedly about the calomel and other "pizens" that were in me, rotting my bones and gnawing my vitals. To overcome the evils that the "regulars" had forced into my system, a compound tar plaster, as big as a leather apron, was applied to my hip and adjacent parts. This was to establish counter-irritation and to draw the mercury and other minerals out of my blood and tissues. Now, Mr. Editor, that plaster made me miserable for months. Through the mysteries of memory I sometimes dream of it now. It excited a serous exudation and produced pustules, and when the scientific compound had been on a week I imagined I was being consumed by a slow fire. An ant would close its mandibles upon me at one spot, a yellow jacket sting me at another, and the slow torture of the dammed blistered and scored me at every odd second of time. O, my beloved Ahab, how thy wisdom encompassed me about! Thou sapient inventor of the scientific tormentor, a generation will rise up to bless thee, crowning thee blessed. When a man had one of thy plasters applied, and was charged one dollar, he was satisfied he had obtained his money's worth; if not he could purchase a quarter's worth of compound podophyllin pills, and be happy. Bemoan those old saints. Most of them are dead, yet here and there one has a shop and treats "old chronic" cases with herbs and simples, scolding because young Eclectics are not scientific, and don't understand the medicinal virtues of the compound tar plaster.

Then, there was the compound syrup of stillingia with the iodide of potassium, a purely Eclectic alterative,—so much so that it would alter the sex of an unborn child. The iodide of potassium was not much of an alterative as compared with stillingia, yet it ought to enter the compound. Saintly martyrs, how my heart yearns for them. I am like Rachel mourning for her darlings. At the next National I propose to have a resolution passed, empowering the secretary and treasurer to erect a suitable monument over the remains of those reformers, *i. e.* over as many as are dead. I would not thus honor the living. I dare say, sir, that modern Eclectics who prescribe *a la Homœopathique* will at length forget how the compound tar plaster is made. Alas for the old, and alas for the new! Change is everywhere, and we partake of it in a marvelous degree. The old and the new are no more alike than a larval worm resembles a butterfly. We have passed the chrysalis state, and now feast upon delicate perfumes, so to speak. We have ceased to stuff our undeveloped natures with husks. Think of Dr. Ahab Arnold, and his old druggery. There he scientifically compounded Arnold's cough and lung

syrup, Arnold's nerve and bone liniment, Arnold's gravel antidote, Arnold's blood purifier, Arnold's alterative syrup, Arnold's female tonic, Arnold's pile cure, Arnold's all healing salve, Arnold's vermifuge, Arnold's catarrh remedy, Arnold's venereal expurgator, Arnold's balm of gilead ointment, Arnold's mother cordial, Arnold's anti-calomel compound, and so on till the chapter was overflowed. After the doctor died his medicinal effects were sold at public vendue. The patients of the old "Reformer" flocked in and bought a jar of this or that favorite "compound," because they knew they could get no more of them in this world, and thus ended the mortal state and estate of Ahab. The heterogeneous stock brought seventeen dollars and seventeen cents under the hammer. A quart of a resinous mass, labelled "compound tar plaster," was sold for ten cents. The tailor who bought it has since purchased a diploma from Nicely & Co., and is now practicing as a "Reformer" in the "wilds of Michigan." I would like to obtain a specimen of that scientific compound to place in the "Museum of Lost Arts."

Dr. Ahab Arnold was deep in occult sciences,—he could judge a disease by casting a horoscope over a vial of urine; when Venus was evening star, according to Thomas' almanac, he predicted a fruitful career for sterile women; and he knew when a direful epidemic was pending by the mewling of a black cat. We have no such scientific men left in our ranks, and the void should be a cause of sorrow and regret. Our medical colleges are the cause of the bereavement. Those old fashioned educations are not encouraged, but impracticable refinements are substituted. I will venture to say there is not a professor of *materia medica* or pharmacy in the land, who teaches his students how to make the compound tar plaster. If there be I ask for the proof. And what does the recent graduate know about treating consumption, hob-nailed liver, and enlargement of the spleen, to say nothing of broken backs and white swellings? But the pupils of old Ahab knew what to do at once, though no one of them ever stepped inside a college,—they slapped on a compound tar plaster at once, and then set about equalizing the circulation and restoring the equilibriums of the system. Why, we could talk more glibly than a schoolmaster, and employ learned phrases all the time. When we talked about toning up the system, and giving lung balsams, a body knew what we meant. To be sure our patrons were a low down set, and wanted to pay for what was tangible; and we, accordingly, charged nothing for services, but only for drugs delivered, yet we made such profits on the bottles and things that we took in several dollars a day in thrifty seasons. This was better than digging ditches and hoeing potatoes in tough sod, as we used to do. Why, Ahab at twenty two was a tinker, and mended the holes in my mother's tin milk pans; then to think he should rise to be the inventor of the compound tar plaster. Such giant strides in life are encouraging examples for aspiring yet timid young men. Let them think of Ahab Arnold's achievements and move forward.

Compound tar plaster doctors are not all in the Eclectic ranks. Our Allopathic organizations have a smattering of them. Blisterers and bleeders belong to the brotherhood. In the Homœopathic fold are those who hold to high potencies and other unreasonable things which a blind faith canonizes.

Art. LXIX.—Abridged Reports of Cases.

Dr Tripp, of Kellerton, Iowa, reports several cases in practice which cannot be given in full on account of the crowded pages of the *Journal*.

The first case is said to have baffled five M. D's. and was thought to be beyond the reach of medicine. The patient was a girl of fourteen who had a stitch in the left side. Curvature of the spine came on, with paralysis of motion in the legs. The appetite was poor, and abdomen swollen, but nux and other remedies corrected this state of things. Rubbed legs with a combination of essential oils, and the paralysis gradually wore off. Pulse was quick and frequent, but arterial sedatives brought it down. In a few months of treatment so much had been gained that the patient could use one foot quite well,—the other dragged. Kidder's battery and Scudder's specifics wisely administered, at length effected a complete cure.

Dr. Tripp's second case was one of croup which choked the child to death. There was great swelling about the throat. He should have given bichromate of potassa in minute doses, and placed an onion poultice about the neck.

Dr. C. Woodward, of Creston, Ill., reports the case of a girl 14 years of age, who was emaciated, and had never menstruated. The patient had an eruption over the entire body, which would occasionally recede and then return some months afterwards. There were paroxysms of intolerable itching, each lasting from half hour to an hour, and several in twenty-four hours. He gave sulphite of soda, apis, bryonia and rhus. Also bromide of ammonia. The bowels were moved with podophillin. The patient thrived and entirely recovered under the above treatment.

Dr. Gadd, of Blue Grass, Iowa, writes in commendatory words in regard to his success with specific medicines. In pneumonia he hit right every time. The doctor has excellent success with croup. Gave aconite and belladonna in small doses, and applied the "croup liniment" with advantage.

"Practical Principles of Medicine" are too wordy to be interesting to the average reader. The writer is a good thinker, but needs to boil down his thoughts. In the article offered for publication the matter was in a dilute state. It is not pleasant to reject material offered to the pages of the *Journal*, but an interesting regard for our readers in hot whether compels us to withhold what might pass in a colder season.

Dr. Bennett writes out two or three cases rather creditably, yet they do not possess general interest enough to warrant typographical expenses. The doctor had puerperal peritonitis to treat, and by his judicious treatment enabled the woman to pull through. He certainly did her no serious harm. But to give the treatment in detail would interest nobody. The remedies are so mixed that no one can tell which did the cure.

Dr. Wilkins has his little case in practice. A woman in the eighth month of pregnancy was taken up in a whirlwind and carried thirty rods; when her child was born four weeks afterwards, it had strangulated hernia, with tumor as large as a goose-egg. The doctor ripped asunder the strangulating medium. The child was six days old when operated upon, and took chloroform.

Art. LXX.—A Case of Strangulated

C. CHANEY, M. D., Independence, Kansas

I was recently called to see a case, reported to be strangulated femoral hernia, the case of age; but on examination I found a tumor over the external abdominal ring, about an inch in diameter, very hard and painful, the boy vomited, strangulated inguinal hernia. The attempt to reduce it by local applications failed. I endeavored to replace the bowel by taxis, but found the operation too painful. I administered chloroform (the doctor declined) to its full anæsthetic effect, and placed the patient on a plain, consisting of an inverted splint, the head being elevated so that the intestines would not descend during the operation, but would, by their gravity, remain in position. By careful manipulation, I succeeded in passing the tumor through the inguinal canal till the tumor passed. A little inflammatory action followed, but was controlled by the proper sedative.

Art. LXXI.—The Ohio Eclectic Convention

MR. EDITOR:—Out of curiosity I attended the Ohio Eclectics this year, and made some notes, which I will print, if you think them worth reading. I was one of the few who were in attendance, and that this was the largest Ohio Eclectics of Ohio ever held. The cause of the convention was from the place where the meeting was held. It was held at the residence of Dr. McLaughlin, and has generally been the point where Eclectic meetings have been held. During the last year, a district organization, the Eclectic Medical Association, has held monthly meetings, and thirty members have regularly attended. Many guests made an appearance, who in addition to the usual number of members swelled the number to sixty. Then, as the convention opened, Drs. McLaughlin and Russell—two of the best men, who maintain large and lucrative practices—extended cordial invitations to their meetings, and what they were doing for eclecticism in the West and the whole country. All were welcomed, and made a most enjoyable Butcher, and sub-venerable Potter were present to the occasion. Both have been long and faithful friends of the fraternality, and may they both "live long and prosper." Scudder and Howe represented the Cincinnati Eclectic Greve and George Merrell were creditable representatives of manufacturing interests of Cincinnati, and their customers. Prof. Lloyd made a good impression, showing how to test urines in the diagnosis of disease. Springstein from Cleveland was present, and

"cuisine" of one not being adequate to his gastronomical capaciousness. Between the two the famine creator fared tolerably well. A lady reporter of one of the city papers pronounced him the handsomest man in the handsome assembly. This made the lean wag quite proud and exceedingly happy. Dr. C. Markt, of Hamilton, who had always drawn the compliments of the ladies before, was quite piqued when he found himself outdone by the Knight of Cleveland. On account of the rivalry Markt went home early.

Dr. Crawford, of Tiffin, spoke encouragingly on Gynecology, and others did themselves credit in the discussion of medical topics. Dr. Russell supplied the convention with an abundance of clinical material. In fact, the clinic was a leading feature of the business transactions. The election of officers for the ensuing year constituted a point of leading interest, as it generally does in legislative bodies. The growth of the association is chiefly through the initiation of young members, hence they are largely in the majority. They knew their strength, and used it with telling effect. Old ring masters were wholly neglected, and will probably occupy back seats hereafter. Dr. Russell was elected president, and will serve his constituents and the interests of the Association to the best of his vigorous ability. The cause will not suffer this year through languor and incapacity.

MAD RIVER.

Art. LXXII.—Reports of Three Interesting Cases. By J. A. WATERHOUSE, M. D., Bay City, Mich.

CASE. 1.—May 4th, Mr. C., a blacksmith, came into my office for treatment. He contracted gonorrhœa eighteen months ago. With the help of druggists he treated himself for six weeks, and then becoming discouraged, went to Dr. M., who gave him a mixture of balsam of copaiba and oil of sandalwood. This he took almost uninterruptedly for a period of sixteen months. At each appearance of his patient the doctor would give him a four-ounce bottle of his clap-trap stuff, and direct him to take a teaspoonful four times a day. The medicine would stop the urethral discharge, but on discontinuing its use it would return. Becoming much discouraged he concluded to change doctors. An examination disclosed no sign of stricture, but the entire length of the urethral canal was very sensitive and painful. There was almost constant pain in the bladder, with frequent desire to pass water, which was accompanied with much smarting and pain at the vesical neck. From the long continuation of the heroic treatment there had developed a chronic cystitis. The testicles gave him much trouble, being painful and sensitive. I prescribed—R Tinct. Gelseminum ʒij., Water ʒiv., one teaspoonful four times a day. Directions were given as to diet, and he was directed to report in a week. He came back, and said his trouble was fast disappearing; he could retain his water and the pain was less. Continued same treatment, and in ten days he came in and reported the bladder and testicles free from pain, and he felt "all right."

I have used gelseminum in eight other cases of a similar character, and it has in every case given satisfaction. In retention of urine from

Art. LXXIII.—Convention Notes.

INDIANAPOLIS, MAY 15th. 1880.

MR. EDITOR:—The proximal extremity of eternity has just contained a session of the State Eclectic Medical Association. Before the event has tumbled into the backness of a crowded oblivion, I hasten to report its main features.

The attendance was from fair to middling; I suppose there was an average present of twenty-five. Among the notable who adorned the occasion may be mentioned Professors Scudder and Jay. Professor Howe was conspicuously absent. I heard his name frequently and kindly mentioned. Professor King was regretfully enquired after also. These annual powwows, unilluminated by professional effulgence, are more or less mitigated affairs. Even a bile is an inconsequential thing unless it has a head to it.

Quite a number of papers were read and discussed. None of them were specially profound or exhaustive, and yet some of them were worth listening to. That of Dr. Calis, on Diphtheria, would have been quite tolerable if it had been less reckless rhetorically and etymologically. Mrs. Dr. Hobson and Mrs. Dr. Harrington read papers, the first on the subject of Alcohol, the second on Orthopedy. Both papers were well received. Drs. Kendrick and Lesh read papers on medical legislation—a subject of absorbing interest with Indianians at present—and a lengthy discussion followed. Dr. Lesh's paper was read at an hour set apart for the purpose, and while it was being read the president slept profoundly and sweetly,—he is usually wide awake. The Society seemed to be pretty evenly divided on the question of medical legislation, but finally adopted the following resolution.

Resolved, That the State Eclectic Medical Association, endorse a bill regulating medical practice in this State, provided it be impartial and grants equal rights and privileges to the members of each school of medicine. We also recommend the bill proposed by Dr. D. Lesh, striking out congressional district boards and substituting a State board, to meet at the capital of the State.

A resolution was also adopted recommending the establishment of an Eclectic Medical College here. There are only three medical colleges in this city, and the creation of another will fill a yawning, gnawing want, which we have all felt keenly for "Lo, these many years." I will—yea I am bound to state the stark nude facts, that there is not an Eclectic in this city but thinks he is capable of filling any chair in a medical school. It is true all the same that there are gluteal basements here itching to warm such chairs. I suggest this latter circumstance as having a possible relation to the college question.

The Indiana State Eclectic Medical Association is afflicted with two immense carbuncles—one in the person of Cameron, the tape-wormist, and the other in that of E. Howard, the cancer doctor. Both are loud and persistent advertisers, and both represent the exact reverse of legitimacy and decency in medicine. E. Howard shot himself off in a speech which promised to be interminable, and probably would have been if one of the members had not cut it short by rising to a point of order. The burthen of his remarks consisted of a self-laudatory malange, which was fitly climaxed by an appeal for some general action of the Society expres-

I did not see him again, but learned subsequently that the tumor again became active, increased rapidly in size, and developed into an open cancer of an hæmatoidal character, that resulted, after much suffering, in his death.

Art. LXXV.—Cases treated with *Rhus Aromatica*. By J. W. PRUITT, M. D., Russellville, Ark.

Some time last fall I received of Dr. J. T. McClanahan, of Boonville, Mo., a half pound of bark of the root of the above agent, which I made into one pound tincture, using dilute alcohol. I have only had the opportunity of giving it a fair trial in two cases.

CASE 1.—Mrs. A., too profuse menstruation; appears every two to three weeks. Had tried ergot, macrotys, and cinnamon, with only temporary benefit. R Tinct. *Rhus Aromatica* ℥j., water ℥ij.; a teaspoonful every two or three hours until relieved. This course was persevered in for three or four periods, and now the lady is quite "regular," with no further trouble.

CASE 2.—March 6, 1880, S. A. M., aged 8 years, enuresis; wets the bed badly every night; "has been so a long time." R Tinct. *Rhus Aromat.* ℥iiss., Fowler's Solution ℥as, water q. s. to make ℥iv.; teaspoonful three times per day, till better, then twice per day for a while, then once per day at night. To pass the water on going to bed and through the night.

March 13. No better. R Tinct. *Rhus Aromat.* ℥v., water q. s. to give ℥iv. Take same as before.

March 21. No better. R *Rhus Aromat.* gtt. xx. three times per day.

March 27. Some improvement. R *Rhus Aromat.* ℥xiiss., water q. s. to make ℥iv.; teaspoonful morning and night.

April 3. Better. Continue the treatment.

April 17. Better in every respect. Give one dose at night only, and be sure to have patient pass water every night before going to bed.

In both these cases there appeared to be a laxity of the tissues, pale, sodden appearance of skin, and small weak pulse.

Art. LXXVI.—*Rhus Aromatica*. By H. Holt, M. D., Brooklyn, N.Y.

PROF. SCUDDER—*Dear Sir*:—In the last July number of your Journal I read an article by J. T. McClanahan, M. D., of Boonville, Mo., on the therapeutic action of *Rhus Aromatica*, and in September following another article appeared from Finis McClanahan, M. D., on same remedy, each giving a glowing account of its therapeutic action in all urinary diseases, dysentery, summer complaints of children, etc.

I am now using a saturated tincture of the *Rhus* in urinary diseases of children and adults, with most excellent results. My first case was a young lady of 18 years, who constantly wet her bed from infancy. Six to eight drop doses taken four times a day cured her completely in a few weeks, having wet her bed but three times, when last heard from, after commencing the medicine.

Another, a middle-aged lady, who had passed through the hands of several physicians, with dropsy and pain in kidneys, was promptly cured

with ten-drop doses of the Rhus. Other cases might be given. I am using it almost daily, and am happy to say I have not a failure to report. Thanks to Drs McClanahan and your Journal.

Art. LXXVII.—Reply to a Criticism. By W. B. GRAHAM, M. D. Wrightsville, O.

PROF. SCUDDER—*Dear Sir:* I have read your criticism on page 241 of the Journal, and give you credit for your candor, but must disagree with you. After condemning the whole, then you lay down your treatment, with the antirheumatics as indicated. Now look on page 538 of Scudder's Eclectic Practice, and what do you tell us there? Tinct. veratrum 3ss., tinct. aconite gtt. xx, water 3iv., in rheumatism, a teaspoonful every half hour or hour, until the patient is entirely relieved, with other treatment as indicated.

Now I do not think that I was mistaken in my diagnosis, as I have had considerable experience in this disease, and have had good success also. The boy had jumped off a high fence and hurt his knee; while hot laid down on the wet ground and chilled suddenly, and every symptom indicated synovitis. I consulted some time ago one of the best allopaths in our county, and a gentleman, too; he endorsed all, but should have given a full dose of calomel. Well, I don't use that, except in local applications in chancre. We are all likely to be in error, and I may have been in this case, but would treat similarly if I had another such a case. The regular that refused to consult with me can not get any respectable allopath to consult with him, and the one that was called is not much better, and I would not consult with him. The regulars here would burn me at the stake if they could, with a few honorable exceptions, and they consult with me at any time, and are the oldest and most successful men in our county.

PERISCOPE.

Tongue Indicating Alkalinity and Acidity of the System.

The appearance of the tongue will tell us, 1st, the condition of the digestive organs; 2d, function of nutrition and assimilation; 3d, the condition of the blood. All of which we want to know from every patient before we can make, in many cases, a rational or scientific prescription.

Some of the peculiar appearances of the tongue in numerous diseases are the broad, white-coated, pallid tongue; or the deep red sleek tongue. Then we have the pinched, shrunken, elongated, full, yellow-furred, violet, dark brown tongue, with many other varieties.

We shall not attempt to describe all the above appearances, as found in various diseases, but only call attention to the first two forms.

1. The broad, pallid, white-furred tongue, whether found in acute or chronic disease, and even in the same disease at different stages, it matters not, always indicates the want of the alkaline elements of the body. The patient that has such a tongue never wants an acid drink, because

his system is already acid, whether the acid is in the stomach or blood it matters not. In such cases, with our usual prescription we must give alkalies, such as sulphate or bicarbonate of soda, in order to neutralize the acid. Then, and not till then, will our remedies act kindly and much more promptly, and the patient improve more rapidly. Now, if the acids are prescribed when the tongue is broad and pallid, the system being full of acids already, it will be seen at once that no improvement could or should be expected. I remember, before I was aware of this rule, I could not see why my remedies did not improve the patient; but now I give the proper alkali, removing the acid, then the remedies act more promptly, the tongue changes to a better appearance, and the patient improves correspondingly. The acid condition of the system is probably more often found in acute than in chronic diseases; at least that is my observation. It needs but a trial to test this principle; I have never known it to fail. I do not pretend to explain why the tongue looks thus when there is a superabundance of acid in the system.

2. The deep red, slick tongue, with a slight coat at the base, indicates just the opposite condition; here the system is in an alkaline state, no matter in what form of disease. Then some kind of acids must be given to neutralize the superabundance of the alkali before other remedial agents will or ever can have the proper effect. All persons that have this peculiar tongue desire acid drinks. This tongue is often (though not always) seen in erysipelas, typhoid fever, and many other diseases, where the tinct. chloride of iron or muriatic acid will be the leading remedy. But if the system was in an acid condition, known by the broad, pallid tongue, those remedies would do more harm than good. Now I do not wish to inculcate the idea that alkalies or acids will cure any disease, but the above appearances of the tongue are indicative of specific physical conditions, and those remedies are adjuvants, paving the way and assisting the specific remedies.—*Southern Medical Record*.

Enuresis.

Dr. W. G. Carter, of Richmond, Va., writes: Mr. Charles Bell makes the following observations in relation to this subject, and which are worthy of particular attention in the management of this complaint:—"Incontinence of urine never takes place but when the boy is asleep on his back; and the cure is a simple one. He is to accustom himself to sleep upon his face or side; the urine is not passed, nor is he excited to dream of making urine while he keeps in this position. The circumstance is unaccountable until we reflect on the position of this master spring of the muscles of the bladder—the sensitive spot, a little behind and below the orifice of the bladder. When a person lies upon his belly the urine gravitates towards the fundus; but when he lies upon his back it presses upon this sensitive spot, and distends that part of the bladder which is towards the rectum." I have frequently followed Mr. Bell's suggestion, and am sure my advice has been the means of saving many a boy from a thrashing (the domestic remedy with mothers) for wetting the bed — *Southern Clinic*.

Treatment of Insomnia.

In the treatment of insomnia it is important to first ascertain its cause. Slight cases are usually successfully treated by usual hygienic measures.

Insomnia occurring during acute or chronic maladies can not, as a rule, be rapidly relieved. Therefore, while waiting the recovery of the disease, the symptom is to be treated with hypnotics, at the head of which is opium and its alkaloids. Morphia is the most somniferous principle of opium. Narcein and codeine, although less active in this respect, leave fewer traces of headache and malaise. Opium preparations are more particularly useful in insomnia associated with pain. They are contra-indicated when there exists any cerebral congestion.

Bromide of potassium has a much less powerful hypnotic action than opium. Its use is indicated in those cases due to excitement of the cerebral circulation, in which opiates are useless and injurious. It has been employed successfully as a calmative in children. It is contra-indicated in cases of marked anemia.

Sulphate of quinine, like the bromide, appears to exercise the action of relieving the congestion of the cerebral nervous elements.

Hydrate of chloral is an excellent hypnotic in almost all cases of insomnia, but it is to be given with caution to persons suffering from dyspnea, cardiac affections, or great debility.

The insomnia of old persons, or patients suffering from great debility or anemia, is sometimes successfully treated by tonics, stimulants, and hydropathy.—*Medical and Surgical Reporter*.

The Earth Treatment of Abdominal Tumors.

Dr. Addinell Hewson, of Philadelphia, has successfully treated by earth-dressing several cases of abdominal tumors, where either ovariotomy has been indicated, or when the case has been considered hopeless. An account of his proceedings may be found in No. 1 of the *Medical Bulletin*, published in Philadelphia. The material he used was pure brick clay of a yellow tint (due to the iron in it) and free from sand and grit. This was dried by a low fire or in the sun, care being taken not to let it be roasted, because in such a case its therapeutical action was destroyed. It was then rolled and sifted, and about a pound and a quarter mixed with sufficient water to constitute a thick paste was spread all over the affected part. To make it dry quickly he laid a towel over it to absorb the water, the towel was then removed, and in its place a layer of cotton-wool was smoothly spread on the paste for the purpose of hastening the drying, and of holding the clay, when dry, in its place. The dressing was then completed by a single bandage, and allowed to remain till it would fall off in from two to five days. He attributes the action of the earth to some chemical property, which also has a calming influence on the pain. One of his first patients was a gentleman who was suffering from abscesses and diffuse inflammation of the cellular tissue of the knee, and he made up his mind to have his leg amputated. He recovered the use of his limb, and was completely cured. The other patients who derived benefit from his treatment were all women suffering from tumors of

the uterus and broad ligaments; one of them had narrowly escaped ovariectomy. Another had for years suffered severe pain during the catamenia, caused by a fibro-cystic growth which involved the right ovary. In the third case the patient had previously undergone ovariectomy, and induced electricity had been applied through the uterus. The tumor grew again after the operation, and proved to be in reality a fibrous tumor of the uterus; there were besides several points of hernial protrusion of the bowels, on the spot of the wound, and she had the appearance and size of a woman in full term. The earth-dressing was applied under very unfavorable circumstances, but still proved successful, reducing her in size and preventing the hernial protrusions of the bowels by contracting the cicatrix.—*Michigan Med. News.*

The Eclectic Methods of Treating Anal Fistulæ. By A. J. HOWE, M. D.,

The treatment of any case according to enlightened experience, and liberal and rational views, is eclectic. The surgeon who slits open every fistula that falls into his hands, and declares that such is the best course to pursue, is not eclectic; and the mountebank who always employs a ligature in the management of anal fistulæ, and says the method is uniformly the best, is also not an eclectic. An old man, with one buttock as full of fistulous canals as an ant-hill is burrowed with passage-ways, should be treated with a ligature carried through the main sinus that enters the anus and reaches an opening in the skin some inches from the anal aperture. This ligature is to be tied and then allowed to cut its way outward, weeks, and even months, being consumed in the process. The ninety and nine branches, more or less, are to be followed with a grooved director and slit open with a bistoury. By this thorough and radical means, all the fistulous tracks can be found and rationally treated. No alarming hemorrhage need be feared, for the bleeding will be moderate. The incisions are to be watched, as they will bridge over in places, creating sinuses not inclined to heal. Lint, wetted in a weak solution of chloride of zinc, should be crowded into the cuts every day. By the time the incisions have healed from the bottom, the ligature will have cut its way nearly out, all traumatism coming to an end at about the same time.

If a man or woman have a single fistulous pipe, either leading to the mucous surface of the anus or near that point, the sinus may have a grooved director sent clear through it, and the thin unpunctured lining of the anus, and then the fleshy covering may be slit open with a knife. If the local and constitutional treatment be good, the fistula will be cured in two weeks; but if a branch exist, and it be not incised, weeks will be consumed in futile treatment.

If a fistula exist at some distance from the anus, and there be no inclination for the morbid pipe to burrow in the direction of the outlet of the bowels, a ligature in a needle may be used, the point of the implement entering or emerging from the fistulous opening in the skin, and cutting a new passage the remainder of the way. It is equally as good to lay open the incomplete sinus.

A long fistula of recent origin, which begins near the nates, and extends out to either buttock, just beneath the skin, may be treated by having a ligature placed in it, a probe, ten or twelve inches long, employed as a bearer of the ligature, and the point of the probe has reached the blind extremity of the fistula. This is left in place for a week or ten days, and then removed. The irritation excited by the presence of the cord will cause the back of the fistula to heal. This saves scarring the integument of the nates in any other manner.

In the treatment of fistula in ano, it must be borne in mind that a permanent and satisfactory cure may be expected with the proper expressions, made by appropriate remedies. I will not treat anal fistulæ unless constitutional means be faithfully employed.

Several years ago, while I was treating patients affected with consumption, and who incidentally had fistulæ about the anus, I was informed by a physician, who told that the fistulous pipes were cured through the use of internal medicine alone. This led me to employ similar remedies in treating fistulæ in patients who had no lung complaint. I have adopted that course, I have had no patients with fistulæ, and morbid conditions have baffled my efforts to effect cure.

I prescribe for all as follows: R Syrup lacto-phosphatic solution, f3i., M. Half a teaspoonful every three hours.

If the bowels be constipated, let a laxative be given. The physician may indicate the need of such medicine.

Let the diet be simple, yet nutritious. The idea is to prevent dyspepsia, tuberculosis and bodily waste that beget and breed disease. The prescription given above promotes digestion and assimilation.—*Chicago Med. Times.*

A Stimp's Apparatus for the Treatment of Fracture of the Clavicle.

Dr. C. A. Dugas, in the *N. O. Medical and Surgical Journal*, describes his method of treating fractures of the clavicle. He discards all axillary pads as inefficient and injurious. In all indications in these fractures he prepares and applies the following:

A square yard of unbleached shirting is cut diagonally into two triangular pieces. To each of the acute angles of the triangle a three-inch bandage, four yards long, is sewed. This forms the apparatus. The displacement is then reduced by carrying the arm upward; backward and outward. Then the middle of the triangle is applied beneath the elbow, leaving a margin of one inch behind, the right angle being directed toward the fracture. The acute angles with its bandage is now carried between the arm and the chest up to the fractured clavicle, around the back of the neck, over the shoulder in front and beneath the axilla, and finally around the arm above the elbow. The other end of the strip is then carried around the forearm, to the sound shoulder, behind and below the arm.

and around the chest and arm, so as to meet its fellow to be tied to it. Finally, the margin left projecting behind the elbow should be elevated, doubled and stitched, so as to prevent the elbow from sliding out. The strips encircling the arm should also be stitched to prevent displacement.

This bandage is said to be a very comfortable one, easily applied and efficient.

Therapeutic Use of Iodoform. By BERKELEY HILL, Esq.

Locally, iodoform, as a dry powder, brushed lightly over the surface with a moistened camel-hair pencil, has been for three years my almost invariable treatment of venereal sores, especially the local chancre. During the last few months I have often substituted for the dry powder an ethereal solution (one part of iodoform in six or eight of ether). The sore is touched or dabbed with a pencil dipped in the ethereal solution, according to its size and depth, lightly or copiously. The ether quickly evaporates, leaving a thin pellicle of iodoform, that as effectually stays the spread and produces healing of chancres as does the more copiously applied dry powder. Thus the surface is covered more exactly, and the disagreeable smell of the iodoform is too faint to attract attention. The sore is well washed with water and dried before the iodoform is applied, and the surface is lastly protected by a bit of dry lint. When the secretion is abundant, the dressing must be renewed twice daily, but in three or four days the amount of discharge becomes so scant that one dressing *per diem* suffices.

In this way venereal sores heal quickly. Pain subsides at once; the sore is well in a week or ten days, and the chances of consecutive inoculation or bubo are greatly lessened. In a very few cases, the application of iodoform gives momentary smarting, which is very bearable; even the ethereal solution does not hurt, and usually the patient declares the application to be quite painless. I avoid using iodoform on inflamed sores, or on simple granulating wounds; but indolent non-specific ulcers are rapidly improved by iodoform locally applied.

Lately, I have given iodoform internally with great benefit. It acts more rapidly than potassic or other iodides, and judging from experience thus far, is as readily borne as are those salts. I have given it in one and a half grain doses as a pill with extract of gentian. Three pills are given each day, increasing gradually till eight or ten pills are taken in twenty-four hours.

I have used it with excellent effect in cases of obstinate syphilitic ulceration of the tongue, where the dorsum is covered with rugged thickened epithelium, which is constantly splitting into deep fissures, and thus causing continual severe pain to the patient. This affection is often quite insensible to mercury, alkaline iodides, or arsenic—the remedies usually beneficial. In three of these obstinate cases, where I had been treating the patients at intervals for years with the remedies just mentioned with little lasting benefit, iodoform pills have acted like a charm. Pain, immediately lessened, in two or three days ceased wholly; and the fissures healed rapidly, while the tongue soon shrank to its natural size. How long the relief will endure, time alone will show; but any interval

of only apparent cure of this very painful affection is a great blessing to the sufferer, and time is given for the exhibition of mercury if required.

In December last I had under my care in University College Hospital a patient with ulcerated and protruding gumma of the left testis, non-ulcerating gumma of the right testis, and ulcerating gummata of the skin over the upper end of the right tibia, with other syphilitic affections.

Iodoform was administered in pills, and water-dressing applied to the ulcers. Rapid healing and subsidence of the swellings took place, notwithstanding that, when the dose of eight pills *per diem* had been reached and administered for three days, an outbreak of pyrexia, coryza, and iodic acne rendered it necessary to drop the drug completely for a short time. In three weeks, the patient left the hospital almost healed, and continued his treatment as an out-patient. Again, a lady, who has during the last few years consulted me occasionally for intensely agonizing pain in the head caused by syphilitic pericranial and cranial disease, for which a customary dose was thirty grains of sodium iodide three times daily, was at once relieved of pain by the iodoform pill taken three times daily, though, on the third day, nausea became too urgent to allow the iodoform to be continued in that quantity; it was at first diminished till pain ceased, and then discontinued altogether. This small experience has satisfied me that in iodoform we have a very useful addition to our store of weapons for fighting syphilis. Further observation will enable us to apply it more exactly and when most suitable.—*British Medical Journal*.

Inflammation of the Bladder.

The best remedies to administer internally when vesical irritation and inflammation exist are gelseminum, belladonna, sulphate of magnesia, and pinus canadensis. If the pain be great, choose gelseminum; if the irritation will not admit the presence of a teaspoonful of urine in the bladder, give small doses of sulphate of magnesia; if too much urine be secreted (diabetes), administer pinus canadensis; if the kidneys secrete irregularly, belladonna is indicated. It is not to be supposed that no other agents are "specific" in cystitis, for every experienced practitioner knows of others. However, enough have been mentioned to begin with.

Such agents as are known to be diuretic in their action should not be administered in cystitis; better give those agents that tend to restrain urinary secretion. Spices are especially to be avoided. A man or woman having cystitis is made worse by taking stimulants and aromatics. Gin is occasionally prescribed, in urinary troubles, but oftener with bad results than with good.

But the most valuable part of the treatment of cystitis is the use of laudanum and starch in the rectum. Let from twenty to sixty drops of tincture of opium be mixed with two ounces of starch mucilage, and thrown into the rectum with a syringe. This enema may be repeated two or three times a day. Those unacquainted with the quieting effects of this agency in irritation of the bladder and cystitis, will be happily surprised when they carry the plan into operation. No internal medication through the stomach can equal in curative effects these sedative and

as. In addition a bag of hot sand may be placed between the perineum, and a hot dinner-plate may be frequently to the hypogastrium. By medicating the pelvic viscera and the stomach may be kept for food and drink. Sedatives injure the appetite and digestion. Run as few remedies as possible, unless they be peptics.—*Southern Med.*

vers—Sulphite of Soda. By L. AUSTIN PORTER, M. D.

using sulphite of soda in many of the malarial fevers is quite frequent in this neighborhood this fall. I find it very satisfactory, not a grain of quinine being necessary. It seems that cases thus treated are less subject to a relapse; fever is cut perceptibly short, and convalescence immediate.

I take the tongue of the patient as my guide-board for the use of this salt. When I find it presenting a broad, flabby, yellowish pale texture, and covered either with a pasty white, yellowish coat, with bad taste in mouth and fullness of stomach, this is my remedy; and with these signs I regard it as almost cured. But if the condition of the tongue be different from this, it will do more harm than good. It is absurd to administer to a patient whose tongue is red, red-edged with fur in the center, covered with fur entire, while the body of it is red, or in which the papillae are projecting up above the coating.

In selected cases it acts as a sedative, nervine, sudorific, and brings down the quick pulse, lessening irritability, cooling the system, and soothing the aching body. My mode of giving this is to give about sixty grains, divided into ten powders; one powder every two hours in mucilage, albumen or slippery elm tea.—

Medical News.

Diphtheria.

recommends the following: I find that to rub the sulphur up with oil and apply it on a swab to the throat, is the easiest and most effective mode of application, for in blowing the dry substance in the throat is sometimes not so easy to get it on the desired spot, and be-
 not, especially if a child, was very apt to cough up sputa in the course of this dangerous proceeding. In addition to this I am of the opinion that moistened sulphur sticks better to the throat than the dry, and this is, I think, the advantage which a solid antiseptic has over a liquid, viz., that it exerts its action for a longer time, and is also in favor of the method of treatment, where powder of soda is blown on the throat.

When sulphur precipitatum we get a substance which, being free from oil, is more agreeable to the patient. To show the rapidity with which the disease disappeared when treated in this way, I find that after this method successfully treated, the average number of days of illness from me was 2.5; an extraordinary statement, but one which is fully correct.—*American Practitioner.*

Simple Remedy for Sciatica.

Dr. Ebrard, physician to the Hospital of Nîmes, publishes in the *Courrier Medical* this method of treatment. For many years he has treated the pains of sciatica and other neuralgias without having recourse to any other electric battery than a smoothing-iron, which, along with vinegar, is to be found in every house. This is how they are employed: The iron is heated hot enough to vaporize the vinegar, and is wrapped up in some material, preferably woollen; it is then dipped in the vinegar, and applied on the painful part. The operation is repeated two or three times in the day. It rarely happens that the pain has not disappeared at the end of twenty-four hours. This action is easily understood. On account of its contact with the fire the iron becomes magnetic; and if an acid be added while it is hot, electricity is produced, and the same effects are obtained as with an electric battery.

Litholapaxy—the New Treatment of Stone.

There has, perhaps, been no greater revolution in any department of surgery, in a brief space of time, than that which has occurred during the past two years in the management of stone in the bladder. When lithotrity was first introduced it was thought that the dangers and terrors of lithotomy were to be a thing of the past, a memory of the Middle Ages; but gradually it was discovered that this operation was also not without its sufferings and dangers, and many ingenious instruments and much skill and practice were employed to reduce these to a minimum.

The perfection of the modern lithotritist was supposed to have been realized in that distinguished London surgeon, Sir Henry Thompson. Here was the man who could count his cases by the hundreds, whose delicate touch with an instrument of his own device was supposed to have conquered the dread sequel of the operation, cystitis, if it was within the limits of human skill and ingenuity to accomplish it. The accumulation of a few great surgeons in the English metropolis made it possible to collect valuable statistics on the different modes of operating—to compare the old with the new, lithotomy with lithotrity. An inventory was accordingly taken some two years since, when, alas! for modern science, the prestige of the latter operation was evidently about to wane. In vain had Sir Henry perfected himself in his art, in vain had he reduced the manipulation of the bladder to an almost incredibly brief space of time; many of his colleagues, led by Sir James Paget, were about to tender their allegiance once more to lithotomy. It was interesting to those whose privilege it was to witness the experiments quietly going on in this country at that time, to watch the ebb and flow of the discussion, and to note with no small satisfaction how thoroughly each master stood committed to his own favorite procedure.

As lithotrity was on the point of being abandoned, the key to the problem was discovered in the new operation which Dr. Bigelow has given us, rising, as it were, from the very ashes of the old. The establishment of the principle that the dangers of lithotrity were due to sharp fragments and decomposable debris, and not to the use of instruments, was a

genuine and valuable discovery. A few years ago Mr. Clover invented a syringe to remove the sand left by the lithotrite, but the diameter of his tube did not permit fragments of even moderate size to pass, and its employment produced therefore no modification in the operation of lithotritry. The large tubes of a size supposed impracticable before Otis had shown the capacity of the human urethra, and the evacuating apparatus devised by Dr. Bigelow, first made a thorough emptying of the bladder possible. Here then was an operation which rids the bladder of a stone as thoroughly as a lithotomy, but leaves no wound behind it.

Dr. Bigelow's new lithotrite is a valuable instrument, but should not be regarded as an inseparable part of this method. The ball-handle, the locking of the screw by a turn of the wrist, the rectangular blades, and the peculiar construction of the jaws to prevent impaction of fragments, are great improvements, as is also its size, which enables the operator to crush the hardest as well as the largest stone. This instrument without the essential features of "rapid lithotritry with evacuation," however, would not have saved the traditional operation of lithotritry.—*Boston Medical and Surgical Journal*

The Precursors of Cancer.

At a recent meeting of the London Clinical Society, Mr. G. Lawson read the notes of a case of cancer of the breast following eczema of the nipple. In the subsequent discussion a number of prominent surgeons took part, including Sir James Paget and Mr. Hutchinson, and some interesting facts were brought out. It was pretty generally agreed that there were a number of chronic disturbances of nutrition, which, if neglected, ended in cancer, when the cancerous period of life came on. Thus eczema of the breast, if it were really eczema, was shown in a certain per cent. of cases to be a precursor of cancer, and the question of the early extirpation of the breast was a very important one. A similar clinical history was ascribed to ichthyosis of the tongue. This in course of time is likely to eventuate in cancer. A like remark applies to old burns or scars on the lower extremities. If in advanced life these begin to ulcerate, they are liable to become cancerous. So, too, of other conditions, such as syphilitic disease of the tongue.—*Louv. Med. News.*

Injury to Oesophagus.

Dr. Ridenour, of Massillon, O., reports the following: Sept. 26, 1879, I was called to attend John Ryan, a stone-quarryman, who had been struck on the right side of the neck by a piece of iron from a broken derrick-brake. Found the man had received his injury about an hour before I could reach the case, and hence the hemorrhage was becoming alarming. A large lacerated wound extended from the right mastoid process diagonally downwards, passing across the larynx and trachea, and ending at the anterior surface of the sterno-hyoid muscle of the opposite side of the neck; altogether the wound was six inches in length. Rapidly exploring the wound I found it had penetrated the oesophagus, passing up

into the mouth at the right side of tongue near its base; extended also down to sternum and laid bare the trachea so that it could be grasped in the hand. The vessels requiring the ligature were—external carotid, superior portion; facial, lingual, superior and inferior thyroid, external jugular vein. Sutures closed the wound in the mouth and neck, and I applied two sutures to the rent in the œsophagus.

The after-treatment consisted in nourishment by the rectum, not allowing anything—even water—to pass through his œsophagus for eight days, when a little water and thin soup and milk were given by the mouth. No solid food was allowed to pass until three weeks. Salicylic acid and soda were injected into the wound with excellent results. In four weeks the wound was entirely closed, all ligatures and sutures had come away and the man was well.—*Toledo Med. and Surg. Journal.*

Treatment of Spinal Curvature.

Dr. R. E. Power, writing to the *British Medical Journal*, says:—I find two inconveniences in Sayre's plaster jackets, viz, the friability of the plaster when dry, and the tendency of the jacket to become slack. The addition of gum arabic, as used by Dr. Walker, obviates, to a certain extent, the former objection, but I do not think so entirely as solution of gelatine, which I have been in the habit of using. The tendency to slackness is owing to the fact that all woven material shrinks when wetted, and consequently expands to its original dimensions when dry. A condition exactly the reverse obtains with paper. Therefore, I have found coarse brown paper an excellent basis for the plaster. It has also the advantage that it can be applied in a single piece (with as many layers as needful) to the parts requiring support. The method I pursue is as follows, whether as a spinal support or as a splint for fractured ribs or limbs:—Coarse brown paper shaped to the size and form required, is immersed for a few minutes in warm water. The superabundant moisture having been removed, the plaster, moistened with thin solution of gelatine, is spread over one side, over the plaster is laid another sheet of paper similarly moistened. The whole is now applied with suitable bandaging, and left to dry. Any number of layers can be subsequently superadded. When dry the jacket or splint will be found to have contracted, not slackened, and also to be somewhat elastic.

Arsenic in Consumption.

In the *Medical Press and Circular*, Dr. Wm. A. Pearse says the success of the following combination in many cases of consumption has been so great that he feels it a duty to bring it before the profession.

R. Liq. arsen. hydrochlor, *℥*℥iv., quinia sulph. *gr*. viij., acid hydrochlor dil. *℥*ij., syrup aurant. *℥*j., infus. chiretæ ad. *℥*vij. M.

This mixture equals sixteen doses, of which one was taken three times a day, after meals. In many cases ten minims of sea water were added to each dose; in others two grains of sulphate of manganese. The patients were directed to continue the medicine during six weeks, then to allow an interval of a week, and again to resume treatment.

EDITORIAL.

The Special Senses.

The average student in physiology is apt to think that the special senses, so called, are quite separate and distinct from the general sensibility of the body. And, if the nervous system of man be studied in works exclusively devoted to human anatomy and physiology, it is strange that special sense is not better understood. If physiological students would give more attention to the structures and functions of some of the inferior animals, they would find it much easier to comprehend the peculiarities of their own organizations. For a moment let us observe the hydra or fresh water polyp. The creature is about the size of a mosquito, and always found in ponds, pools, and ditches. The funny animal can be watched in the parlor aquarium. It fixes the base of its body on a blade of grass, or other support that is convenient, and commences fishing with its tentacles. Its mouth is fringed with feelers that can be shot out and retracted at will. These arms in an attenuated form are very sensitive, so that when touched by a swimming insect they swiftly grasp the unfortunate prey and stuff it into the stomach, through the oral aperture; and this is all accomplished without sight, hearing, smelling, or tasting. The creature has no brain nor spinal cord, but it possesses a few knots of neurine, and a net-work of connecting nerve filaments. By means of this simple nervous system the wants of the individual are all supplied. The nerves of such a creature are distributed chiefly to the integument, the tegumentary tentacles, and to the digestive organs. Through the agency of such means the little animal senses warmth and cold, and measures the pressure of deep and shallow waters. Perhaps it enjoys subduing the struggles of prey, and the repose that attends a full stomach and good digestion. I would not say that it has no other pleasures. The nerves of such a creature excite muscular action, and bring to the ganglionic centers impressions received by the terminal nerve filaments. Mandates are executed through the agency of this simple nervous endowment. No want in the individual goes unsupplied.

The garden snail has a little higher organization, yet its habits of life are less active. The slow moving creature partakes of a vegetable diet, and possibly imagines the delicate lichens on which it feeds have an agreeable taste. It hears no sharp sounds, but feels the jarring rumble of heavy thunder. It has no sense of smell, yet the vapor of ammonia causes the creature to retract the body inside the shell. The nerves of common sensation are irritated by acid agents, but odors as such are not recognized. However, the snail can see well enough to distinguish light, as evidenced by the fact that the passage of a dark cloud over the sun causes the mollusk to "draw in its horns." At the end of its tentacles are some "eye-spots," or rudimentary eyes. The creature, it will be discovered, sees and feels with the same organs; and the complex structure imparts the hint that seeing is a modification of the sense of feeling. And if observations are made with this idea in view, while attending to embryological studies, it will be found that the eye is an organ which is largely developed from the skin. The optic nerves come forward like a

snail's "horns," or feelers, and expand into an impressible membrane, the retina. The impressibility is so acute that it feels the presence and contact of an image or shadow. The eye is nothing but a dioptric apparatus which brings reflected rays to a focus, and enables the individual to see long and short distances almost at the same instant. The larval caterpillar possesses several of the special senses; it can see, and hear, and taste quite well, yet not as acutely as a bird, all of whose special senses, except that of smelling, are in an excited state of development.

The human eye is not so reliable in measuring objects as commonly supposed. A fine piece of fresco painting makes the unwary observer believe those represented flutings are real, but the hand quickly discovers that they are only a cunning display of lights and shadows. The sense of touch resident in the fingers' ends finds flat surfaces where the eye beheld projecting cornices. The hand, like the polyp's tentacles feels a body, and enables the mind to judge of it, the eye beholds things at a distance, and learns by experience how to judge concerning them. By aid of vision the beauties of nature are beheld; through it combinations of contrasting points in a landscape constitute charming pictures. Beautiful views can not be touched with the hand, but their outlines can be impressed on the retina, and appreciated by the brain.

Blind fishes in caves ascertain their bearings by slender fins and feelers, but can never know anything outside their dark abodes. Their tegumentary sensibilities may be very acute, and that of taste quite keen, but they can not hear, for there is nothing to listen to; they can not smell, for water is their habitat, where no odors float; they see not, because there is no light—they are eyeless, because darkness will not develop visual organs.

In certain eruptive diseases, especially those of syphilitic origin, the iris and some other ocular structures partake of the morbid action as if they were tegumentary tissues, and in sympathy with them. The eye is to be watched during the secondary career of syphilis. Measles impress the eyes seriously. The albino has a pink and colorless iris and choroid, hence we may infer that those membranes are dermoid or tegumentary, in their primitive state.

The sense of hearing is as *special* as that of seeing, and the auditory apparatus is as well adapted for hearing sounds as the eye is for seeing sights. In the one case the image of an object is conveyed to a sensitive mirror, and in the other a wave of sound is transmitted to a sensory nerve. A complicated apparatus is needed in both instances. The simplest form of an ear is a vibrating membrane, and is as rudimentary as the primitive eye-spot of a snail; while the fully developed auditory apparatus is as complicated as the most complete organ of vision. The auditory nerve is prolonged from the brain like a feeler, and its impressible filaments are displayed in a fluid which is thrown into motion when the ear-drums are beat with undulatory sounds. If the membrana tympani be made to vibrate by the report of a pistol or the scream of a whistle, the tympanic ossicles convey the peculiar vibrations to the liquid in the internal ear, where the delicate terminal filaments of the auditory nerves are distributed. The sound-waves are actually felt, and the im-

pressions are carried to the brain, where their meaning is interpreted or recognized by the mind.

The telephone helps us to understand how we feel sounds when we are said to hear them. By means of a cord or wire medium and a machine for receiving and intensifying sound-waves, we may recognize words spoken at an ordinary pitch of the voice at a distance of twenty miles or more. The peculiarities of individual voices are transmitted so accurately that the voice of a friend is recognized as positively as would be the features of his face if seen. The cord or wire medium keeps the sound-waves from scattering in space, and transmits them to the listener at the other end of the apparatus as readily as a telegraphic wire conducts an impulse of electricity. The sound-wave of the voice strikes upon the intensifying disc of the microphone, and is conducted to the ear of the listener without loss by diffusion.

The audiphone is merely an expanded disc, as large as a fan, which receives sound-waves and conducts them directly to the upper teeth, thence they are conveyed through the jaw to the auditory apparatus. The instrument, which has been lauded so highly, is not a very valuable remedy for deafness.

Smelling is another of the so-called special senses. The function is located in the lining membrane of the nasal chambers, and springs from the contact of odorous particles with the terminal filaments of the olfactory nerves. Birds and fishes do not possess the ability to recognize odors, though vultures were once thought to find putrescent food by the aid of the olfactory sense. A fish might possibly smell a very offensive odor, yet olfaction proper depends upon the presence and contact of odors floating in the atmosphere, and not in liquids. If a man were to dive into a pool of cologne, he could not smell anything while his head was beneath the fluid. The scent of musk is in odorous particles that float in the air, and impress every nostril that comes within the range of its diffusion. The atoms impinge upon the olfactory cells of the Schneiderian membrane, and make an agreeable or unpleasant impression. Indeed, the presence of odorous particles is felt, and the sensation is called olfaction. We sniff the volatile parts of sal ammonia, and are shocked by the force of the impression. We do more than smell the acrid agent; we feel its irritating qualities. Dogs, in testing the dull scent of game, sniff at the cold track as if to force the faint odor against the olfactory nerves.

The sense of taste is another modification of general sensation. It is displayed in the mucous membrane covering the upper surface of the tongue, and takes cognizance of sapid materials introduced into the mouth. The gustatory branches of the inferior maxillary nerves are distributed to the papillæ on the anterior half of the tongue, and branches of the glosso-pharyngeal endow with taste the posterior half of the lingual organ. The gustatory springs from a sensory source, but the glosso-pharyngeal is chiefly motory in function, hence the difficulty in understanding this strangely modified sense. However, the glosso-pharyngeal has sensory filaments, and from these may spring the sense of gustation. Sweets and sour, or bitters, are as emphatically felt as tasted. Possibly

a chemical action enters as a factor in the function. An electrical current passed through the tongue imparts a rapid impression. This indicates that taste is a modified sense of general sensibility.

In conclusion, I would not be understood as denying the existence of what are called special senses, but I would have the subject considered somewhat differently from what it has usually been. We are apt to think these attributes were given us as special gifts, and to lose sight of the probability that the special senses are merely modifications of general sensibility.

H.

Arrested Involution.

Within a year I have had to treat two cases of impeded involution following delivery. In one case the hypertrophied uterus was not discovered for three or four years after the birth of the youngest of two children. Possibly the return of the womb to its natural size after delivery may have occurred, and afterwards became enlarged by a pregnancy that terminated in a miscarriage. However, the woman seems positive that she has not been pregnant since the birth of her last child. She had been accustomed to hemorrhages at the menstrual epochs, yet rarely called a physician or used medicines. At length, about six months ago, I was summoned to arrest what was considered a dangerous hemorrhage from the uterus. I passed a sound into the womb, and found the cavity of the organ over five inches in depth. Finding upon inquiry that no miscarriage had occurred, I pronounced the morbid enlargement a case of arrested involution, which may have existed since the second confinement. This state, too, may have prevented other conceptions, for no preventives had been employed. The patient was fleshy, though a flatulent dyspeptic. In these hemorrhagic paroxysms, blood-clots the size of a child's fist would be passed, every hour or two, and there was a constant bleeding which proved exhaustive. My first prescription read as follows. R Peppermint water f℥ij., fluid ext. ergot f℥j. M. Dose, a half teaspoonful in water every half hour till hemorrhage ceases.

I saw the patient the next morning, and found she had taken all the medicine, and that the hemorrhage had gradually subsided until only a stain was seen. The ergot had stopped the dangerous part of the flow, and produced a steady pain in the uterus. On the second day the force of the ergot had passed off, and a bright show re-appeared. For this I gave crocus sativa in fluid extract form, with water, and found it a most excellent remedy. In a few hours the pain in the womb had been ameliorated, and the show had ceased. I gave four or five drops of the fluid extract of saffron every hour. At subsequent menstrual periods the tendency to hemorrhage returned, but it was always controlled by the crocus. Every week I applied carbolic acid to the inside of the cervix uteri, a pencil of wood being used through a tubular speculum. Under this treatment the size of the hypertrophied uterus has been reduced till the organ is almost normal so far as depth is concerned.

The second case was much like the first, except that the patient acknowledges an old miscarriage. From the time of the accident she never

enjoyed fair health. The womb refused to involute, and hemorrhages took place at every menstrual epoch. I prescribed *mangifera indica* to lessen the flow, and so far as the tendency to bleed was concerned, the remedy exercised a restraining influence, but the uterine enlargement continued, with a show of blood from one period to another. At length I prescribed *crocus sativa*, and obtained satisfactory results. The cure was made complete by the weekly application of carbolic acid to the inner coats of the uterine cavity.

In the management of these cases I am persuaded that the saffron exercised a curative influence. In both instances the patients asked me to leave some of the medicine in the house, for they felt better the moment they began to take it.

H.

Thuja Occidentalis (Arbor Vitæ.)

Preparation.—Prepare a tincture from the fresh leaves, ℥viij. to alcohol of 76 per cent. Oj. Dose from gtt. j. to gtt. xx.

"The leaves of the arbor vitæ has been a popular remedy in the treatment of intermittent and remittent fever, rheumatism, scurvy, etc. It would be well for some of our practitioners to prepare a tincture and test it."

The above is from Scudder's *Specific Medication*, eighth edition, page 260, and all there is on the subject. Prof. King, in his *American Dispensatory*, says: "The expressed juice or tincture of the leaves is highly recommended as an application to condylomata, removing those growths in from three to four weeks. The condylomata should be kept constantly moistened with the tincture by means of lint dipped in it."

The *National Dispensatory* says: "Arbor vitæ somewhat resembles savine in its qualities, and particularly by irritating the skin when the fresh leaves or an ointment made from them is applied to it. Like savine it has been found useful in repressing the fungous granulations of ulcers and in removing warts."

Bartholow does not mention the agent in his *Materia Medica and Therapeutics*, which is no compliment to the pretentious author.

A tincture of the fresh leaves of *Thuja* will, locally applied, according to my experience, remove warts on the face and hands, condylomata about the nates, but will not destroy swiftly growing venereal warts. It will deaden fungous granulations, and utterly destroy them in some instances. But the best action of the drug is in overcoming the growing and spreading powers of epitheliomata. I have seen it repress and overcome fungoid and ulcerous epitheliomata in an astonishingly happy manner.

Now if a remedy possess such positive characteristics, it should be experimented with until the fullest range of its activities be known. I shall try it in croupous cases and in diphtheria, stepping carefully along in the line of its indications. I shall inject some of the tincture into the tunica vaginalis testis for the cure of hydrocele, and I may try it upon the granulations of trachoma. Then, finally, I am going to see how much can be done to a bulging nœvus with this somewhat peculiar vegetable remedy. Possibly I may be instrumental in elevating to place and influence a remedy that has not been thoroughly tested.

H.

What Medical Societies might Do.

The average member of a State Medical Society, must wonder what great good he has received by annually paying his dues, and occasionally spending two days and ten dollars in attending the yearly convention, to say nothing of professional business lost while away from home.

What is said or read at a convention could be considered at better advantage when seen in the pages of medical journals. In some States a publishing committee issues a pamphlet of "proceedings," which is distributed among members of the Associations and friends. But such publications, to express an unpleasant truth, are not worth as much as the paper, spoiled by them, cost. No journalist copies a paper or novel idea from the trashy literature, and no practitioner ever consults the printed matter, unless he has an article in the magazine, and wants occasionally to see how his name appears. A cart load of such stuff would not be worth cataloguing at a sale of second hand books,—but would go to the paper mills as "stock." The publishing committee may think they are discharging an important duty when they are editing the "papers" and reading the proof, yet they are merely spending the money of the Society's treasury.

Instead of fooling away money in such a worthless manner, the Society might elect a good librarian who should be empowered to lay out to the best of his ability a hundred dollars, more or less, in foreign medical journals, and send them by mail to members who in turn shall forward them to other members according to a printed arrangement of names that shall be pasted on the inside of the cover of each book or periodical. A weekly issue of a journal should not be kept but a week, and a monthly two weeks, and in this way all the journals subscribed for would go the rounds in the course of a year. At the annual convention the periodicals, tied up in volumes, could be sold to members at auction; and I have no doubt the literature would sell for half its cost. The money thus obtained could be added to the library fund, and might be laid out in Brochures such as Charcot on the Localization of Diseases of the Brain, On the Action of Medicines; Marsden on Cancer; Loomis on Physical Diagnosis; and such other small works as are issued from time to time, yet rarely come to the eye of the average physician.

Of the periodicals which might be safely subscribed for I will name the *British Medical Journal*, a weekly at ten dollars a year; the *London Lancet*, a weekly at thirteen dollars a year; the *London Medical Times and Gazette*, a weekly, at ten dollars a year; the *London Obstetrical Journal*, a monthly, at \$7 50 a year; the *Practitioner*, a monthly, at four dollars a year; the *Dublin Journal of Medical Science*, monthly, at nine dollars a year; and the *Edinburg Medical and Surgical Journal*, monthly, at nine dollars a year. Thus every member of a State association might see, consult, and read the cream of foreign medical literature for the sum of two or three dollars a year, as a fee paid for membership. For this sum of money each member in regular standing whether he attended the annual convention or not, could receive the literature subscribed for and started off on its rounds by the librarian. To keep careless members alive to their pecuniary interests, a fine should be attached to such delinquents

as failed to forward literature at the time designated. And two failures in succession reported to the librarian should stop other books and periodicals from going that way. The scheme would increase the membership of the Association, and keep annual dues promptly paid. No man eligible to membership could afford to lose the reading of so much excellent literature for the trifling sum of a yearly due.

The objections to the enterprise are not weighty. It might be querulously asserted that the first on the list would have the periodical literature when it was fresh; and that less fortunate members would have to wait till the reading was stale. To this I would say that a medical journal is not a newspaper—worthless as soon as read;—but a repository of matter that is always good. The party receiving a journal six months old need not think he is behind the times. The contents of a bound journal ten years old are worth as much as those of a recent issue. Sometimes age enhances the value of a bound periodical. Copies of the old *British and Foreign Medico-Chirurgical Review* are worth more to-day than when Edward Forbes lent his brilliant talents to that incomparable quarterly. My long rows of bound *Lancets* I would not sell for twice what they cost.

If six periodicals were started every week it would not be but four months before each of the hundred members in a State Association would receive a copy; and when the current was well started, it would flow steadily till a vote to end the enterprise was taken. If a hundred men belonged to the organization as many numerals could be placed in a hat, and then drawn by the members present. An absent member could ask the secretary to draw for him. Such a method would be satisfactory to all. However, I think seniority of membership would be the most gracious way to arrange the receivers, the oldest in the society being served first. The postage would be named on each publication, and it would be paid by the party forwarding the literature. The postage would be quite an item, yet small in comparison with the benefit received. Each member of this Circulating Library Association should index topics of an interesting nature, and copy in writing such items as might prove of use in professional life. I can see that this would make busy and lazy members find fault with having too much reading every week, yet with the expenditure of a little more energy the work might be accomplished. I am about as busy as any of my professional brethren, yet could find time to read twice as much "interesting" medical matter of a periodical nature as is published in English. It is not expected that each reader shall closely study every article, but that every one will select eclectically.

I can usually peruse a medical weekly in half an hour. Three or four weeklies could be passed in review in the course of two hours. Who is so busy that he can not find that much time to improve his mind in the course of a week? Some persons are always busy (?), and find time for nothing; but I do not like to hear such complaints, for I know that they are not generally well founded.

The organ journals of our medical colleges need not be afraid of this scheme for the diffusion of journal literature. A good organ periodical will always have its place to fill, and no foreign publication can supplant it.

H.

Antiseptic Sealing.

Happening into a dairy or cheese room a few days since, and seeing there a woman in the act of greasing the surfaces of a lot of new made cheese, I asked her why she rubbed her products with such an unctuous dressing. Her reply was characteristic of her practical shrewdness,—she said: "Doctor, everything must have a rind to keep it,—the orange has a peel to keep the air and insects out of the pulp; the coconut has a husk for the same purpose; the egg has a shell; the butterfly or chrysalis has woven a web that is impervious to moisture; and so it is with things in nature, and I am only imitating the venerable yet fresh guide. I smear the outside of the cheese with cheap grease every day or two in order to form a rind that acts as a shield against the air and insects; and if I am very careful I keep away all kinds of hurtful things; but sometimes I am careless, and then mites and other insects get in, especially if the rind cracks at a point that escapes my observation."

To quiz the shrewd dairy-woman I said, "Did you not know that mites breed in cheese, and that no shield would keep them out?" She curtly replied, "Doctor, you know better than that. Insects don't come without parents any more than pigs or human folks. If you keep the would-be parents out of cheese, there will be no mites nor maggots to hurt anything. When we put up fruit we heat it till all living things are dead, and then seal up the air-tight jar; and thus all germinating ferments are kept out. But if there be a pin-hole in the tin or glass, the fruit sours at once."

I presumed this country woman had never read Tyndall nor Lister, yet in her household observations she had become almost as scientific as the best philosophers. She knew enough to know that "maggots did not breed in a dead dog." She knew that everything living had a parentage, even the moth in her rugs and furs. When she put camphor in her box of woollen stuffs she knew the odor of the drug stifled or drove away the "millers" that laid the eggs which hatched into moths. H

Angiotoxicity.

This is a hard name for the unclassical to master, but it has attained reputable use, and no man can put it out of existence. It means inflammation of vessels and lymphatics. Cellulitis means about the same thing, also lymphangitis. It comes from erysipelas and blood poisoning. If a man scratch a finger with a pin that had a peculiar animal virus on it he may soon see red streaks running up his arm, and not long after the axillary glands will swell. A chill is generally experienced during the progress of the disease, and sweats are not uncommon. The appetite becomes dull, the tongue coated, the secretions lessened, and the mind disturbed.

The poison impresses the group of lymphatic glands placed at the junction of the limbs with the trunk, viz, the axillary and the inguinal glands; and if the active virus passes those fortifications the enemy rushes inwards and demolishes the vital centres.

If the axillary glands suppurate the pus is diffused or spread about in the loose structures of the region. Aspiration does no good, but free

incisions and antiseptic washes may save life. If the inguinal lymphatics be invaded there is danger that the active agency of the disease—an animal poison—may reach the abdominal lymphatics and cause death. Suppuration of a diffuse character is to be dreaded. A circumscribed abscess is less dangerous. To treat angeioleucitis successfully requires the highest grade of surgical skill. I say "surgical" because an ordinary physician rarely treats a case of blood poisoning with success. The average medical man with a case of angeioleucitis on hand is too apt to think of poultices locally, and antiseptics internally; he may think the poison may be neutralized by the action of a few drops of baptisia, but to entertain such a puerile notion may cost the patient his life. No internal medicine will stay the progress of the disease. A poultice soon ferments and aggravates the local difficulty. Local spray is cooling and damaging. No caustic or irritant should be employed. Heat is soothing and comforting. Hot cotton or lint is agreeable and useful.

Well, to be clear and emphatic I will say: bathe the inflamed region with the following compound: R Glycerine, bay rum, aa. fʒii., Thymol, grs. xx., M. This will act as an antiseptic, arresting the cellulitis and the lymphangitis.

Internally the easiest of digested foods. If the fancies of the patient run to medicine give the millionth of a drop of baptisia tincture in a teaspoonful of water every two hours, though not waking the patient to take the medicine to a minute.

H.

Freak of Nature.

Dr. C. B. Dean, of Wakendo, Mo., has sent me the body of a deformed infant that was born in his practice. The child was of normal weight, and was delivered at term, though it did not survive parturition. The skull was very small and the face large. The scalp was much too big for the cranium, and had a sac projecting at the crown. This membranous bag was a hernia of the cranial meninges. The neck was short and the trunk and limbs well nourished. The cerebrum was undeveloped, the cerebellum of ordinary size, and the medulla normal. There had been an arrest of development in the cerebral hemispheres; and fortunately such children are still-born. If this monster had lived it would have been shockingly idiotic.

A singular feature of the teretological specimen is that the feet and hands have six digits on each terminal limb. The supernumerary digit is outside the little fingers and little toes, making the hands and feet wide in appearance. Each supernumerary digit has a good bony development and articular connection with the hand or foot.

The tongue is notched at the end, the six knobs appearing like little toes. The organ was firmly tied down in the sulcus of the under jaw.

The penis, for the child was unmistakably male, resembled that of a small or medium sized monkey's. The urethra would admit a probe an inch or so, and then ended in a cul-de-sac. The organ was very much deformed, yet the scrotum and testes were normal.

The mother of the monster tells the following story about her gestation.

When she was two months pregnant for the first time, she attended a circus performance, and there saw a small white monkey ride on a goat and also on a pony. As soon as she beheld the monkey she was seized with an intense desire to get possession of it; and several times during her pregnancy she felt the same unreasonable longing. She says the monkey had a prominent tuft of hair on the crown of its head.

At the end of the third month, as she was arranging a bed she uncovered a very large snake which darted its tongue at her.

She confidently assigned the above reasons as the cause of the strange deformities.

The snake portion of the story is unreasonable from the fact that snakes in these latitudes rarely get into beds. I think she may have drawn on her lively imagination for that part of the history of the deformity. The monkey part of the rehearsal accords well so far as the penis is concerned, but anthropoids do not have six digits on either limb. The membranous sac on the scalp was, as I said before, a protrusion of the meninges, such as we meet in spina bifida. This sac contained the cerebro-spinal fluids; and when it burst during delivery the child died. The tuft of hair on the crown of the monkey's head would hardly account for the meningeal hernia.

Supernumerary digits are not uncommon, I have seen seven toes on one foot, but I have never met with the even uniformity manifested in this case.

H.

Nailed to the Cross.

A few weeks ago some Irish boys ten or twelve years of age, announced to a lad much smaller than themselves that they were going to crucify him. Whether the victim objected or protested is not known, but the project was literally carried to the extent of driving a ten-penny nail through the palm of the young boy's hand, the spike, to the head, passing between the metacarpal bones of the fore and big fingers. The outcry raised by the sufferer frightened away the crucifying party, and brought one of rescue who, in their haste, tore the hand from the fence, the head of the nail going through the flesh. The wound was painful, and tetanus threatened, yet a good recovery was made in two weeks. None of the crucifiers were apprehended. "The descent from the cross" was not so artistic as that of Rubens.

H.

To Contributors.

Nothing makes a "contributor" so angry as to reject his communications. He has expressed himself in writing and the editor is to deliver the words in type, or be d—d. What business has he to reject anything? He is merely a post master whose duty is to forward all legitimate matter, asking no questions and making no faces! Well, the writer may thus think, but he is looking from his stand-point alone; and the editor has another. The interests of thousands of readers are to be considered, and they constitute the interest of the *Journal*. The editor would publish all the spread out and expanded records of the Mount Shasta Medical Association, which has less members than officers, giving names, and

heads of topics,—it would please the pride of the organization, but it would not be wise to fill a good periodical with such material. Our *Journal* is not managed on the principle of making a little cover as much space as possible, but to give the substance of things in a condensed form. Contributors who have not the art of "boiling down" must not grumble if they see their wordy productions subjected to discreet pruning.

H.

Immortality.

Every few days I receive letters from orthodox friends, asking what are my ideas of immortality. Well, I will answer all in a paragraph. There can be no question about eternal continuance. There is no such thing as annihilation. The only puzzle about the matter is in regard to the *form* we are to assume after death, for "death does not end all."

Some good religionists would be dissatisfied if they could not feel assured they were to be resurrected bodily, and to sit and sing uninterruptedly before the golden throne. They do not seem to consider that such employment might become monotonous in the segment of a circle lasting a few millions of years.

Most people want to go to heaven much as they are, just leaving behind a few blemishes, yet they could not be induced to give up their cherished fine points. Besides, all crave choice vocations in the "next world." One old materialist admitted that he did not care much what the Lord set him doing, so he didn't have to tend snakes.

I would like to meet more persons who are willing to become a contribution to omniscience, and thus help swell universal intelligence. But most of us do not relish surrendering a jot or tittle of individuality,—we hope and expect to take with us all our features, fancies, and peculiarities,—all our pride and distinguishing characteristics,—in fact, all that constitutes personality. To take less would be a grudging sacrifice. The wise, however, will not commit that palpable blunder.

H.

Commencement Exercises.

The graduating exercises of the year took place in the halls of the Institute on Tuesday evening, the 1st of June. This interesting event concluded a course of instruction lasting forty weeks, and embraced two terms of twenty weeks each. Those students who completed their course of instruction at the end of the Winter Session, were examined, and if found competent, received certificates entitling them to degrees at the end of the college year. A few passed their examination at the end of the spring term, but only received certificates, on the ground that the three years of study were not complete. In a year, such will, all requirements being satisfactory, receive degrees.

The closing exercises were very entertaining to a large audience present. The bestowing of medals was an interesting feature; and the address on behalf of the faculty, by Prof. F. J. Locke, was charming. The degrees were conferred by Vice President Stratton, the venerable President, Wm. S. Merrell, being too feeble to be out. Dr. Howe read the report of the Dean, Prof. Scudder having left for Europe the day previously.

REPORT OF THE DEAN.

Ladies and Gentlemen: Every year the Eclectic Medical Institute holds two Sessions or courses of instruction, each of twenty weeks duration. The Fall and Winter Session begins September 1st, and the Spring Course commences the last of January. Yet two consecutive terms do not constitute a graduating career, but three years of medical study, and two courses of lectures on different years. The Institute holds but one set of graduating exercises, and those occur in June. In this respect it corresponds with the literary universities of the country.

During the last Fall and Winter Session there were 141 students in attendance; and there were, according to the books, in the Spring Course 102 students.

Of those in attendance, on one or more terms, forty-six, or less than one-fifth of the whole number, have passed critical examinations, and otherwise complied with the rigid exactions of their *alma mater*.

The following are the names of the graduates for the closing College year.

Ira W. Clark, Indiana.	George W. Davis, Indiana.
Harley L. Leonard, New York.	Daniel S. Taplin, Michigan.
Frank H. Lawrence, New York.	W. Allen Jones, Arkansas.
Oscar L. Cole, Ohio.	William H. Riley, Nevada.
Henry D. Smith, Illinois.	Edwin C. Anderson, Michigan.
George E. Potter, Philadelphia.	Joseph M. Gamble, Kansas.
Jacob Coble, Indiana.	David O. Roberts, Ohio.
A. Benjamin Conklin, Michigan.	Lewis B. Dawley, New York.
Augustus P. Hauss, Indiana.	James V. Conover, New Jersey.
Odus D. Simmons, Ohio.	John Lord, New York.
Peter J. Stouffer, Pennsylvania.	Thayer H. Lamonte, New York.
John H. Imme, Ohio.	Thomas Kirk, jr., Pennsylvania.
Jonathan J. Evans, Ohio.	Charles L. Sturdevant, Nebraska.
Francis M. Ihrig, Indiana.	Washington A. White, Ohio.
John W. Cosford, Canada.	Rolla L. Thomas, Ohio.
Edson Cicero Barker, New York.	John Horner, Kansas.
Leroy Rogers, Indiana.	Alsey B. Young, Tennessee.
John N. Davis, Iowa.	Daniel Keplinger, Ohio.
William A. R. Wickham, Indiana.	Clement T. Guillaume, New York.
Charles S. Hackett, Ohio.	George J. Eblen, Indiana.
Nelson H. Cornwell, Ohio.	Philetus C. Topping, Kansas.
Eldridge D. Flagg, Wisconsin.	Jackson Hoover, Pennsylvania.
Manchie E. Howard, Michigan.	James C. Andrews, Ohio.

PASSED THEIR EXAMINATIONS.

Harry P. Ludwig, Michigan.	Paul T. Butler, Iowa.
Elmer A. Converse, Ohio.	David M. Shoemaker, Indiana.

GOLD MEDAL.—Rolla L. Thomas, Ohio.

SILVER MEDAL.—Paul T. Butler, Iowa.

POCKET-CASE—*Best Dissections*.—James S. Hayes, Iowa.

HONOR PRIZES

First prize, Paul T. Butler, Iowa; second prize, James S. Hayes, Iowa; third prize, Harry B. Ludwig, Michigan.

The National.

The tenth annual convocation of the National Eclectic Medical Association occurred June 16th, 17th, and 18th, at Hershey Hall, Chicago; and the convention was a notable success in various ways. In number it has never been equalled; in *personnel* quite unapproached; and in amiability unmatched. There was an occasional outburst of feeling upon exciting points, but these fitful flashes did not detract from the interests at stake. Some severe censures were pressed upon those who had been thoughtless enough to change the constitution a year ago when not a baker's dozen were present. It may have been well enough for the third day men at Cleveland to indulge in a few practical jokes, but they should have been discreet enough to let alone the constitution, an instrument elaborated from time to time by the most experienced and careful men in the Association. Because the constitution had a clause stating that the instrument could not be changed under a year's notice of the purpose except by the *unanimous* consent of members present at any regular meeting, the fagenders at Cleveland put their big heads together and *voted to a man* to change the constitution then and there, after nine-tenths of the delegates had gone home. The avowed object of this change was to throw the election of officers upon the third and last day when more than half of the convention will have gone home and therefore disfranchized practically. It might be safe to play such a frivolous joke once, but the temper of the serious minded in the Association will not stand a repetition of such triviality. The secretary of the Association, who is paid to look after such violent revolutions when only a few be accidentally present, should have entered his protest, and marred that *suspicious unanimity*, but he, grave as he be, acquiesced in the practical joke.

President Green's address was long, but well written, and creditable to himself as well as to the Association.

Ex. President Munn was elected Treasurer *pro tem.* in place of Dr. Anton, who, from illness, could not be present.

The Committee on Credentials was a model. It was studiously composed of the most conservative delegates in the Convention. No man professionally lame or morally blind of one eye could successfully pass the portals of the committee room. Even Filkins, who was an "outside" delegate, did not rap at the door.

A discreet President appoints a stalwart credential committee; and a wise and courageous committee on credentials purifies the convention, thus making the body grow, for good men are desirous of connecting themselves with what is reputable.

The report on Surgery elicited some debate on the part of Professors Gunn and Younkin, the question being whether the plaster paris jacket of Dr. Sayre was over or under-estimated in the treatment of spinal curvatures. On the evening of the first day Bennett Medical College generously provided a boat-ride on the lake. This was an enjoyable affair, and participated in by a large part of the delegates.

On the morning of the second day the Committee on Credentials reported favorably upon a large arrival of new members, so that before noon, when the convention is always fullest, more than 200 of the very

Scope.

The readers of the Journal will remember that Prof. Scudder—incredulous wretch—did not believe Dr. Parker had a heart with a burr about it, and that he ridiculed Prof. Olin for taking stock in the alleged piece of uncommon pathology. I think the rare specimen was first exhibited to the "National" at Detroit, and then again at Cleveland. At Chicago Prof. Olin demanded a committee of investigation, and requested the President to appoint men who would report in his interest. But President Green made a committee of Boston fellows who wanted to take the specimen east for a microscopic examination. The custodian refused to let the prize go so far from home. Then Prof. Olin secured the services of a scopist in his own city, who "certified" that the prickly wad in the heart was a true "burdock burr." This vindicated Olin, but the committee considered the irregular report as an affront to their dignity, and said so right in open convention. Thus the "burr" stuck to the caudal appendage of the Association like a tick to a sheep's pelt in freezing weather. Since Olin's vindication a man who says that is not a true burdock burr is "a liar and a horse-thief." In conclusion I would say, that the astute Easterners did not get an opportunity to scope that specimen. We out west understand the scope game—we can tell a bed-bug from a sea-turtle without a high-powered microscope. It is to be hoped the committee will turn the business over to the bureau of "unique and obscure cases."

H.

The following resolution, introduced by Prof. Howe at Chicago, was passed unanimously:

Resolved, That the members of the National Eclectic Medical Association hereby declare that they are in favor of the legal organization of State boards whose chief object is to suppress traffic in medical diplomas, and to expel from medical practice all such individuals as dispense medicines without a legitimate right to thus pursue an avocation: *provided*, that the said boards be so organized as not to be under the majority rule of any one school of medicine.

BOOK NOTICES.

STUDENT'S MANUAL OF VENEREAL DISEASES. By F. H. STURGIS, M. D.
New York: G. P. Putnam's Sons. 125 pages; price \$1.25. For sale
by Robert Clarke & Co., Cincinnati.

As a *manual*, this little work has no equal on the topics discussed. The author possesses the rare and excellent quality of making himself understood clearly and at once. The style is not that of an experienced writer—sometimes it seems puerile—yet it is attractive on account of its dogmatic brevity.

This *brochure* on syphilis and gonorrhoea is bound to meet with unprecedented success as a selling book. No practising physician in city, town, or country, is going to be without it, for venereal diseases, though

familiar, are poorly understood. The average doctor is despicably conceited in regard to what he thinks he knows about venereal diseases. He has had a few cases of gonorrhœa and syphilis, and has gotten along with them after a fashion; and he is bumpkin enough to think he has scientifically cured them, or prevented a chancroid sore from producing systemic contamination! The average practitioner can not tell constitutional syphilis in the primary form from the venereal sore that is as local as a louse. Many physicians still believe that there is but one kind of syphilitic infection and manifestation; and occasionally a unique mediciner is encountered who asserts that gonorrhœa, venereal warts, ser-pigenous excoriations, local chancre, and constitutional syphilis, are one and interchangeable.

Sturgis, on his first page, plainly and definitely says: "Venereal diseases are at present divided into three principal groups or divisions—*Gonorrhœa*, *Chancroid*, and *Syphilis*. Each is distinct and separate, one from the other, having nothing in common with each other, although they may all be present upon the same person at the same time, and possessed of certain characteristics which are more or less peculiar to themselves. Of these three diseases only the last one, syphilis, is constitutional; the other two, gonorrhœa and chancroid, are local. Remember, then, *gonorrhœa and chancroid are local. Syphilis is not; it affects the entire system.*"

The above quotation constitutes the pathological axioms of venereal diseases. They are brief and pointed, and therefore may be easily memorized. All the practitioner has to determine is whether the venereal disease before him is local or systemic in character. If local, then treat it with topical applications alone; if the "initial lesion" of constitutional syphilis be present, then a year's work is before the medical man; all the phases of a general syphilitic invasion are to be expected, though some of them may not be pronounced. But, says the epigrammatic author, all three diseases may be present in an individual at the same time. Yes, and that is why some practitioners of considerable experience can not comprehend the *dual* doctrine, so called.

The author makes distinct that constitutional syphilis, like measles and smallpox, can not be taken but once, and that the virus of its sores can not be successfully inoculated upon the infected person. He also declares with emphasis that the chancroid disease can be taken as often as scabies, for it is local; and the virus of the sores will make any number of new ulcers by contact—the poison is *auto-inoculable*. All these points are made especially clear, and must do the average reader much good in his endeavors to understand venereal disorders.

The author does not make sufficiently distinctive that true syphilis begins in a *single* sore, and the local disease in *multiple* sores, though such a division is to be inferred.

The treatment of the local sore by Dr. Sturgis is a little at variance with that of most authors, yet it is not the best. There are objections to iodoform, to nitric acid, and to carbolic acid, whether alone or in combinations. It is much better to employ borax—pulverized borate of soda. A small pinch—say two grains—sprinkled on a venereal sore once a day,

constitutes the very best local treatment in the majority of cases. In the healing stages a weak solution of thymol in glycerine is an excellent moist dressing on lint. Of course no internal medicine is needed, except such as promotes digestion.

The author is correct and emphatic in stating that chaneroid, or local syphilis, comes on in two or three days after impure coitus, while the "initial lesion," or primary sore of true syphilis, is not seen for about twenty days after the virulent connection. Dr. Sturgis has the right idea about the invasion, enlargement and perverted functions of the entire lymphatic glands of the body, in a course of syphilitic invasion. If the practitioner would keep this view of the disease in mind he would select his constitutional remedies with better effect. The author is a mercurialist, but not one of the strictest worshipers of the metal. He generally advises potent combinations, therefore small doses are made to do the most efficient work. He says, "*Avoid carefully any approach to salivation.*" His mercury, as a bi-chloride or proto-iodide, is generally in homœopathic doses.

Dr. Sturgis' treatment for gonorrhœa is not in advance of that of the average physician—it is a rehash of old formulas. He does not mention a weak mixture of elixir vitriol as an injection, therefore he has omitted the very best local application for an inflamed urethra. H.

THE MANAGEMENT OF CHILDREN in Sickness and in Health. A book for mothers. By ANNIE M. HALE, M. D. Published by Presley Blakiston, Philadelphia; for sale by Robt. Clarke & Co., Cincinnati. Price 50 cents.

By the above heading it will be seen that this small book, written by a female M. D. is for *mothers*, and not for the profession, yet in looking it over it becomes plain that the average physician can derive more than fifty cents worth of professional knowledge from the publication. The authoress expresses her ideas in a pleasant manner, avoiding that bombast and attempt at being "smart" too often seen in the writings of medical women. In coming editions more space may be profitably occupied in several of the many chapters. It would be presumptuous to attempt to point out the topics that need enlarging upon. The critical authoress will be the first to see where she may improve upon herself. Now she has produced a book, she will necessarily become her own critic.

THE BLACK ARTS IN MEDICINE, by JOHN D. JACKSON, A. M., M. D., and published by Robert Clarke & Co., Cincinnati, is a *brochure* of 75 pages, and worth reading. The little book is made up of several pamphlets that were published from time to time for distribution among friends, after the death of Dr. Jackson. The work is carefully edited by Dr. McMurtry, and this is the second edition. Literature of this kind is instructive and interesting; every scholarly practitioner likes to read something a little off from general medical reading. About half the book is occupied with an Address to the Boyle County (Ky.) Medical Society, and has nothing to do with black arts. H

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VOTE OF THANKS.

The thirteenth annual meeting of the IOWA STATE ECLECTIC MEDICAL ASSOCIATION was held at Des Moines, on the 9th and 10th of June, 1880. The following is an extract from the Report of the Committee on Resolutions, published in the Iowa State Register of June 11th :

Resolved, That the thanks of this Association be hereby tendered to the chemical manufacturing house of

Wm. S. Merrell & Co., of Cincinnati, for their consistent efforts to give the medical profession a reliable, pure line of medicinal preparations, embracing both old and new remedies ; and especially for the introduction of their

Green Plant Fluid Extracts, which we as a profession have found worthy of confidence ; and unhesitatingly recommend them to our brethren.

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Committee on Resolutions.

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Professor Harrison, of Bennett Medical College, in a recent paper says:

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Dr. J. J. Lawrence, of St. Louis, in "*The Medical Brief*," says:

"The editor of this journal has largely prescribed the *Fluid Hydrastis*, prepared by Wm. S. Merrell & Co., of Cincinnati; and can commend it to the Profession as a very valuable preparation in hepatic dyspepsia and all affections of the mucous surfaces. It is deprived of the resinoid principle; and can be used where the ordinary preparations of Hydrastis would be wholly inadmissible."

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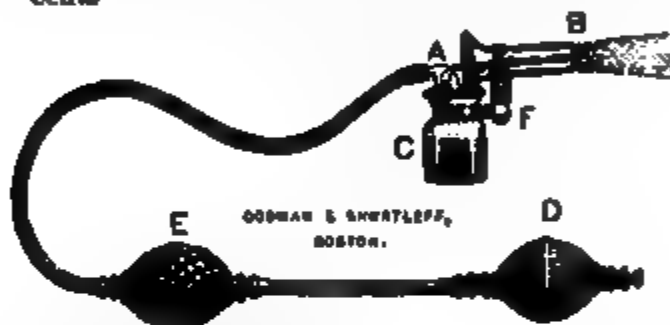
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THERAPEUTICS.—This pill is applicable to conditions referred to in the previous paragraph as well as to anæmic conditions generally, to sexual weakness, neuralgia in dissipated patients, etc.; and Mr. Hogg considers it of great value in atrophy of the optic nerve.

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DOSE.—One pill may be taken three times a day, at meals.

THERAPEUTICS.—PHOSPHORUS increases the tonic action of the iron and quinine, in addition to its specific action on the nervous system. In general debility, cerebral anæmia, and spinal irritation, this combination is especially indicated.

7.—PIL. PHOSPHORI CUM FERRO ET QUINIA ET NUC. VOM. [Warner & Co.]

R Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nuc. Vom., $\frac{1}{4}$ gr.; Quinæ Sul., 1 gr.

DOSE.—One pill, to be taken three times a day, at meals.

THERAPEUTICS.—The therapeutic action of this combination of tonics, augmented by the specific effect of phosphorus, on the nervous system, may be readily appreciated.

8.—PIL. PHOSPHORI CUM QUINIA. [Warner & Co.]

R Phosphori, 1-50 gr.; Quinæ Sulph., 1 gr.

DOSE.—*For Adults*—Two pills may be given to an adult twice or three times a day, with food; and one pill, three times a day, to a child from 8 to 10 years of age.

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Therapeutics.—This combination is especially valuable in cases of consumption, accompanied daily with periodical febrile symptoms, quinine and digitalis exerting a specific action in reducing animal heat. Digitalis should, however, be prescribed only under the advice of a physician.

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Therapeutics.—The effect of digitalis as a cardiac tonic renders it particularly applicable, in combination with phosphorus, in cases of overwork, attended with derangement of the heart's action. In excessive irritability of the nervous system, in *palpitation of the heart*, *valvular disease*, *aneurism*, etc., it may be employed beneficially, while the diuretic action of digitalis renders it applicable to various forms of dropsy. The same caution in regard to the use of digitalis may be repeated here.

13.—PIL. PHOSPHORI CUM DIGITAL. ET FERRO. [Warner & Co.]

R Phosphori, 1-50 gr.; Pulv. Digitalis, 1 gr.; Ferri Rodacti, 1 gr.

Dose.—One pill, to be taken three or four times a day, at meals.

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T H E

ECLECTIC MEDICAL JOURNAL.

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AUGUST, 1880.

No. 8.

ORIGINAL COMMUNICATIONS.

Art. LXXVIII.—Recent Progress in Surgery.† By A. J. HOWE,
M. D., Cincinnati, O.

The year past has not been prolific in surgical invention, though several novel ideas have been introduced, and claims made for their recognition as substantial improvements. Listerism leads as a surgical topic, and is likely to command more and more attention for years to come. Yet, admitting so much, I still feel that the methodical and elaborate system of the distinguished inventor will never be carried out in the general surgery of the world. In making this statement I would not be understood as underrating the discovery, or as being opposed to its practical application. Listerism will do an infinite deal of good even if it be not scientifically applied. It has emphatically taught the novice in surgery that sepsis is the bane of our art. Blood poisoning is to be guarded against most vigilantly. Wounds must be sealed or freely drained; and if a Lister apparatus be not at command, an approach to it must be kept in mind when a surgical dressing is applied. If the habiliments of an obstetrician be poisoned by attending a woman sick with metritis or puerperal peritonitis, so that he endangers the life of every parturient patient he attends, as I believe he does, then, for analogous reasons, the surgeon should not attend a septicæmia case and immediately expose another patient to the risks of zymosis. The surgeon, after exposure to septic virus, should be literally purified before attending to a susceptible or impressible person; he should not only be purified, but his implements should be rendered innocuous in some manner. In fact, every surrounding should be above the suspicion of septic influences.

It is commonly supposed that the average farm house is laudably wholesome, but I openly declare that it is not. Recently I visited the country to perform a surgical operation. Before proceeding to execute

† Read before the National Eclectic Medical Association, June, 1880.

ger from swooning is considerable. In the case of a young woman lately under my care, the patient preferred to support a considerable part of her weight on a cross-bar grasped with her hands; her head was raised by the action of a rope that passed through a pulley, and attached to a cloth helmet; a small part of her weight bore upon her toes as she balanced herself on a box. While the plaster dressing was being applied the patient fainted, the hands and arms falling, and the frightened assistant letting the rope loose. The accident interfered with the execution of the scheme. It is best to have the arms near the axillæ, wrapped with strips of adhesive plaster, as loops to fasten elevators in, so that the head gear need not pull too hard, or the strength of the hands give out. While the elevating apparatus is being applied the patient may bear most of the weight of the body on the toes, but as soon as the plaster paris bandages in roller form are ready, and the smooth fitting undergarment is adjusted, the elevating machine is to take the patient almost free from the feet. Many rollers are at hand, but only one or two wetted at a time by an assistant, as the surgeon is winding them around the chest, abdomen, and hips, one turn of a bandage overlapping another. While the wraps are going on, strips of thin board, shaved from the lid of a cigar box, may be placed so that the wrapping shall press upon bulging parts, or bridge sunken places. These wooden strips add little to the weight, and offer the best of support while the bandages are drying and afterwards. Each bandage, three inches wide and three yards long, should be dusted with fine dental plaster as it is rolled. If the cloth be thin and fuzzy it will hold a large quantity of the powdered plaster; and after it is rolled it may be wetted in two or three minutes. It is then ready to be wound around the patient's trunk. In ten minutes the plaster will set, and the overlapped layers of bandaging will form a neat stay or support, the arms near the axillary borders of the stay, resting upon the edge of the case as if in the heads of crutches. The base of the stay rests upon the swelling hips for support. If the curvature be in the cervical region or near the top of the dorsal, a jury-mast is to be erected between the shoulders, its lower branches being fastened to the plaster stay or splints in it, and the curved upper end, above the head, acting as a support to a well adjusted helmet. In some cases the plaster case or stay is worn with ease for weeks and even months without cause for removal; in some instances it is impossible for the patient to endure it. While the plaster jacket is on the patient, the bulges of ribs and spine are hidden from view, also the morbid depressions, therefore the apparatus appears to be doing more good than it really is. Let an inexperienced person go into a room where a half dozen patients are wearing plaster jackets, and he might be led to think they were almost well, when in fact the dressings did little more than hide the deformities.

The dressing of Sayre is a commendable piece of surgical mechanism; but it will sooner or later be superseded. Already a felt stay is moulded to a cast of plaster made while the patient is straightened or held straight on a reclining machine. This is lighter than the plaster jacket, and possesses all its advantages. It can be put on and taken off at any time, through the convenience of an open fissure in front, that is

laced. A bulging part may be pressed upon with padding, and a depression that is gradually filling, may be anticipated by shaving out a hollow in the machine. In fact, we are on the eve of important improvements in apparatus for the cure or satisfactory treatment of spinal curvatures. The disease affords a fine field for the display of surgical ingenuity.

The plans of treatment for hip-disease are still unsatisfactory. Resection may do in rare instances of disorganization in and about the morbid joint, yet anything like settled principles in regard to the time to operate and the methods of operating, have not been satisfactorily formulated. Permanent extension with a Taylor or other apparatus is not well borne in most instances; and the results are far from what has been claimed for them. Many cases will go on to suppuration under any plan of treatment. In the earlier stages of the disease I give internally sulphur, iron, phosphorus, and arsenic, having in view digestion, absorption and assimilation. Morbus coxarius is not a disease that originates in the joints, but is a sequence of weak and disordered alimentary canals. Often parasites in the intestinal tube are the provocative of ilio-femoral arthritis, as well as spinal irritation with curvature, therefore local treatment alone must ever prove imperfect or unsatisfactory. I have taught this doctrine to my classes for years, have written it in my surgery, and discussed it on many occasions. I sometimes feel that I shall be accused of iteration and re-iteration, yet if I acknowledge the fault, and offer rational excuses for it, I feel that the offence is in a measure pardonable. I have learned that the average medical mind does not learn all from a single presentation, but that a story must be often told before it attracts the fullest attention. Hip disease will be common as long as scrofulous children are born, and the tendency for the better in this respect is not appreciably improving. Flaxen haired children, with soft, sallow skins, sickish breaths, protuberent abdomens, excitable temperaments, and precocious intellects, will always be in danger of spinal curvature or hip disease. In my family practice there is not a child over whom I cast a professional eye, who has not taken sulphur once a week for several months during each year. This agent keeps the intestinal track free of parasites, and the constitution vigorous. Ten grains of pulverized sulphur in treacle once a week will save doctors' and undertakers' bills, and increase those of the butcher and the baker. This seems to be talking against our own interests as medical men; but that is not new,—we are always teaching the people how to keep well, and urging the State to pass sanitary laws. Physicians do more for the good of the human race than can be estimated or computed. We are always seeking the best foods for ourselves and fellow men. We commend good cooking, and denounce that which is bad. We are generally consistent, practising what we preach. There may occasionally be found in the profession a glutton, a drunkard, and a debauchee, but as a class physicians moral. Their moderate course of living is an example impressively than precept. If I drink my coffee with milk I can the more emphatically enforce the benefit of a bland diet to my dyspeptic patient. If a doctor chews tobacco, when he says to his patron, "you must stop using the weed."

tion of ovariectomy not much substantial progress has been made last year. In the event of multilocular cysts, with adhesions less extensive, it is generally best after the operation is carried through, and not abandon the operation with the hands done no harm, and with the expectation that some good may be accomplished. These abandoned cases do not turn out well. It is better for the surgeon to go on—to wade through the mire. He is like “Christian in the slough of despond,” and push forward. In some instances he will come out successful. If a patient die a little quicker through traumatism, the miserable life thus restricted is not to be seriously lamented. Dr. John B. of Edinburgh, we owe much for the careful experiments made upon complicated ovarian disease. After he has opened the abdomen and there fallen upon a polycystic tumor of the ovary with multiple adhesions, he quietly proceeds to disengage the ovary, at last, at the expense of the cysts, and to tie vessels that are necessary. The operation thus deliberately proceeds till the morbid mass is removed from the walls of abdomen, intestines, uterus, and other fortunate structures. The traumatic surfaces are well wetted with carbolic acid; blood clots and sanguineous fluids are removed, the abdominal incision closed, with an opportunity for drainage around the wound. Thus Mr. Keith has succeeded where five years ago he would have been abandoned. Timidity, and “conservative” surgery upon it, have proved injurious to ovariectomy. I would like to see an idea that all cases of polycystic ovarian disease are to be carried through, and murderously carried through, but to impart to a timid surgeon who might succeed if he would boldly go on. A surgeon in general character is like a navigator. He keeps in mind the general anatomy, as the accomplished seaman does his sailing. A surgeon has to consider varying influences of constitution, of age, of habits; the master of a ship must know the force and direction of the winds and currents in order to reach port in safety. The surgeon is sometimes upon impressions that cannot be expressed in words. It is in an operation and pushing through successfully where a timid man would doubt, falter, and fail on account of timidity. A captain of a steam ship about to depart from New York or to arrive might be in a query about impending weather, his associate officers shrug their shoulders and doubt the expediency of starting. The weather is out, and every phase is forbidding. Other vessels are at anchor that same day bank their fires and take in sail; but the captain orders his vessel to sea at once, and plunges through the storm as if the weather was fine. The bold captain had many voyages when the weather was bad, and always came out safe. A surgeon is to attain and maintain a first class reputation for years, he must be daring and original; he will encounter no established rules will fit or govern,—he must make his own. In ovariectomy the diagnosis should be made out with care;

the operation is to be carefully conducted ; the stump of the pedicle well handled ; and the patient managed with consummate skill for a week, or until the danger is over. Provision is to be made for draining the abdominal cavity of fluids in every instance. If the plan I instituted be not followed, some other should be adopted. A Jaques' catheter sent through the abdominal incision between the sutures may do efficient service.

Not much improvement has been made upon the original McDowell plan of treating the pedicle. To tie it singly or in halves with a silken ligature, and then let it drop into the place it naturally falls, are becoming more and more commended. The clamp is to be extolled, but it cannot always be employed.

I cannot at this time refer to many topics of a surgical character, but will say a few words about the modern management of uterine fibroids. Ten years ago I excised the uterus, the patient suffering several years with advancing hypertrophy of the womb. At that time there was no reliable method of removing uterine fibromata, and I tried excision. The patient lived several days, and gave promise of recovery, but at length sank and died. This unfortunate issue set me to thinking specially upon the subject ; and I soon hit upon the happy thought of injecting the hypertrophied organ with iodine and ergot. I tried the former with some degree of success, but did better with Squibbs' fluid extract of ergot. I showed Mr. Autenreith, an ingenious surgical instrument maker of Cincinnati, what kind of an injecting instrument I needed, and he made one which answers my purpose admirably. The implement is like a very large hypodermic syringe. The needle is six or eight inches long, and the syringe is made of hard rubber. With the piston I draw into the barrel about two drachms of the fluid extract of ergot ; then as the patient lies on her left side I carry the point of the needle along the right fore finger which is introduced into the vagina as a guide to the needle and a shield or guard to its point. When the sharp end of the nozzle is against the neck of the uterus, and the instrument held at an angle to enter the body of the organ, the needle is forced to the depth of one or two inches, and while gradually withdrawn it is unloaded. Thus more than a drachm of the fluid is deposited in the meshes of the wall of the womb. The operation creates pain and nervous shock, but can not be dangerous, or a death would have occurred in some one of the many cases treated. Uterine fibroids are somewhat common, therefore I have had many opportunities to test the method. In three cases out of four the process is a perfect success ; and in the fourth it is not a failure. I repeat the injection once in a month or so, and in the course of a year the forced or induced atrophy is entirely satisfactory to the patient. In some instances two or three repetitions are enough to reduce the uterus to its normal size. The hemorrhagic menstruations are stopped, and other inconveniences arising from a womb hypertrophied till it is larger than at the end of ordinary gestation. Several practitioners who heard of the process, have sent for the instrument and used it with success. Some of these cases have been reported in the pages of the *Eclectic Medical Journal*. I give nervous and sensitive females a few sniffs of

chloroform before using the injecting needle. This lessens the dread and the shock, and obviates a subsequent chill. Not unfrequently the patient vomits in a few minutes after having the ergot thrown to the uterine tissues. Patients whom I can not see oftener than once in three or four months, are instructed to place a pledget of lint at the mouth of the womb every night,—the lint being previously wetted in the fluid extract of ergot. This is presumed to help along the desired atrophy.

Art. LXXIX.—Diphtheria.† By E. R. ARMSTRONG, M. D., Hollý, New York.

On May 30th, 1879, I was called to visit two children belonging to one family sick with diphtheria, Ida, three years old, and Mabel, her sister, nine years. The younger had been ill twenty-four hours; the elder twelve hours. Both complained at the commencement of chilly sensations, weakness, dryness of the throat, difficult deglutition, thirst, headache, burning pain in the throat. An inspection of the throat showed a marked inflammatory reddening of the mucous membrane, especially on the tonsils, arches of the palate, and posterior wall of the pharynx. The tissues seemed swollen and infiltrated with fluid, and over the tonsils and soft palate there were patches of a grayish exudation. The temperature of the one just attacked was 104° and the other 103°. Both were extremely restless; their voices were hoarse, with an occasional ringing metallic cough.

On the following day there was a marked aggravation of all the symptoms. The temperature had risen to 106° in the case of the younger, and 105° in the other. The pulse rate was correspondingly increased, irregular and weak. The mucous membrane was of a dark, livid color, where it was not covered with false membrane. The uvula was cedematous, the tissues more infiltrated and swollen, and the false membrane had assumed a dirty-grayish leathery appearance, now covering the entire pharyngeal space, and extending forward over the tonsils and posterior walls of the mouth. The breath was extremely fetid, and there was an ichorous corroding discharge from the nose and mouth. Epistaxis had occurred twice with the younger and once with the older. The cervical glands were swollen and hard, and the face cedematous, with livid discoloration. The respiration was quickened and embarrassed, the inspiration being prolonged and accompanied by a whistling sound and an occasional peculiar barking cough.

In the evening I visited them again, and found no perceptible change in the older one, but the younger had grown much worse during the day. There was great prostration; the pulse had become weak, irregular and rather slow; the whole organism seemed profoundly affected, and fast giving way to the destructive forces at work in the system. The patient continued to fail, and expired at two o'clock next morning, seventy-two hours from the commencement of the disease. The other patient continued to grow worse Sunday and Monday, exhibiting about the same

† Abstract of a Paper read before the Medical Association of Central New York, May, 1880.

conditions as her younger sister, till nine o'clock Sunday evening, when a convulsion occurred, and was followed by others at irregular intervals till six o'clock Tuesday morning. From this time there were no more convulsions, death occurring at eleven in the morning of the fifth day of her illness.

Another sister, aged twelve, was attacked with the same disease on Saturday, the day after I was first called to see those whose cases I have just described. The clinical history of this case is similar to the others, although the duration of the disease was more prolonged. Epistaxis, which occurred in the others, was more profuse and frequent in this. Vomiting was also a troublesome symptom, and interfered with the administration of both medicine and food. During the last two days of her illness there was an enormous swelling of the face and cervical glands, and a constant flow of offensive, corroding fluid from nose and mouth, with an intolerable fetor of the breath. Deglutition was also very difficult and painful. Convulsions occurred during the last twelve hours, and the patient expired at three o'clock Friday, after an illness of seven days.

The remaining sister, aged six years, was taken ill on Sunday, three days from my first visit. In this case the symptoms were very severe at the outset. The mucous membrane presented a dark livid color, with fullness of subjacent tissue, and patches of membrane on the tonsils and pharynx. The temperature rose to 105° the second day, and the pulse became rapid, weak and irregular. The symptoms were almost identical to those of the last case, except that they developed more rapidly, and hastened the fatal termination, which occurred on Tuesday night at 12 o'clock, being the third day of her illness. Thus in one week, in the same house, these four children were destroyed by a disease that at times seems to be rampant, resisting all known measures to arrest its progress. During fifteen years of uninterrupted practice, I have treated many cases of diphtheria with at least average success, but never before had it fallen to my lot to meet such a malignant type of this dreaded disease.

As to the causation in these cases, it is not absolutely certain that they were caused by a contagious virus emanating from a person similarly affected, or by an infectious miasm pervading the atmosphere. The circumstances, however, strongly favor the former, *i. e.*, that the disease was communicated to the first one attacked by another person suffering with the same disease, and the three remaining sisters contracted the disease from this one. Across the street there had been a young man sick with diphtheria, only a few days before, and communication between the two families had been kept up during his entire illness. This young man when attacked was living some three miles from home in another family where there was a person suffering from the same disease. These cases were not severe, the patients being confined only a few days. Thinking there might be some local cause, calculated to intensify the disease in the family last attacked, I made a thorough inspection of the premises, and found the sanitary condition much better than most farm houses.

As to the treatment I have but little to offer. One thing is certain: in these cases it was a complete failure. The therapeutic measures

adopted were those commonly used by the profession, consisting of chlorate of potassa, chloride of iron, sulphurous acid dilute, quinine and stimulants, with antiseptic and astringent washes for the mouth, besides frequent inhalations of hot vapor from lime water. These measures were supplemented with as much milk and beef essence as the patients could be induced to take.

These remedies were formulated something after this manner: *R* Carbolic acid grs. x., glycerin, tinct. chloride of iron, sulphurous acid, aa. ʒij. With this the throat was painted every two hours. *R* Chlorate of potash ʒij., sulphurous acid ʒiiss, glycerine ʒj., tinct. phytolacca ʒss., water to ʒiv. Of this one or two teaspoonfuls every two hours, according to age. Thus, while the patients were awake, an antiseptic was brought into contact with the diseased surface every hour. These are the favorite formulas of Dr. Robert Bell, of Glasgow, as published in the January number of *Braithwaite*, 1879, excepting the phytolacca, which probably belongs to Scudder. As soon as failure of the vital powers became manifest, iron and quinine were administered.

The attention of the profession has recently been directed to salicylic acid as an efficient remedy in diphtheria and scarlet fever. English physicians extol it highly as a curative measure, and also as a prophylactic against these diseases. Drs. Pownall, Barton, and Squier, depend almost entirely upon its use in these diseases, and claim that it gives better results than any other remedies hitherto employed. They assert that this drug has two independent effects upon the organism: first as a germicide, and second as an antipyretic. A convenient mode of administration, recommended by Dr. Squier, is the following: *R* Salicylic acid gr. lxxx, alcohol ʒij. to ʒiv., glycerine hot ʒij., water to ʒiv. Of this mixture one or two drachms may be given every two, three, or four hours, according to age and condition.

Dr. Kenyon, of New York, has the following as his mode of administration: *R* Salicylic acid gr. xx., alcohol ʒij., glycerine ʒj., hot water ʒiij., sulphate of zinc gr. x., mur. tinct. iron m. iij. Mix in the order named, and it makes a wine-colored solution. *R* Salicylic acid ʒj., alcohol ʒij., syrup ʒij.; to be given alternately in drachm doses every half hour in severe cases, and at longer intervals in mild cases.

The salicylic acid treatment is worthy of trial, and yet it is not well to abandon the old until something better is fully established.

Art. LXXX.—Diphtheria or Diphtheritis. By I. J. M. Goss, A. M., M. D., Atlanta, Georgia.

I read essays in almost every journal that comes to my sanctum (which is some eight or ten per month) upon diphtheria, in most of which, the same treatment, to wit: iron, quinine and chlorate of potash is put down as positive remedies, neither of which will reach the graver types of the disease. The plastic exudation in each case will mark its type, and point to the class of remedies to meet it. The mild type (where chlorides and quinine are indicated) is characterized by a very limited and white exudate, with very light fever. But an exudate of a dark mahogany

color, or a dirty grayish color, indicates a more grave type, requiring remedies of more powerful anti-septic power to eradicate the poison from the blood. Again we have epidemics characterized by high fever, or zymotic fever with ill-looking itchorous ulcers, the mucous membrane appearing in decayed shreds or dark crusts, emitting a very offensive odor. In those cases there is apt to be a swelling of the parotid and submaxillary glands, and in some cases swelling of the lymphatics. In this form, there is great prostration from the invasion of the disease, and if not properly treated, proves fatal in a few days. This last form is very apt to spread to the nares and trachea, larynx, and bronchia. Any form of the disease may be accompanied with a rash upon the face, arms and breast, somewhat resembling measles or scarlatina. It may be attended with spasmodic respiration resembling croup.

Treatment.—In the mild form I have used chlorate of potash internally, and as a local application, with good effect. *Phytolacca* may prove effectual, especially where there are chills, and headache, and aching of the limbs, with a grayish exudate upon the tonsils and fauces. If the exudate is dark, and the breath offensive, tongue dry and brown, then *baptisia* must be given internally in doses of 5 gtt. every hour, and the throat swabbed with tincture of eucalyptus globulus every two or three hours, —this is a superior wash, and may be alternated with bichromate of potash, or the permanganate of potash, 5 grs. to 3j of water, applied with a pencil brush carefully. Where there is foul breath, together with croupal respiration, with acrid, scathing discharge from the parts, then the iodide of arsenic is one of the best internal remedies. And in such cases it may be alternated with aurum triph., both in small doses, repeated every two or three hours, so as to saturate the blood. Where there is high fever, aconite should be given with the blood remedies, and if there is stupor, belladonna should also be given.

Where the glandular apparatus is involved I have used an ointment of iodine, or Lugot's solution, applied thrice daily to the glands. If the exudate is of a yellowish cast, sulphur dusted upon the part, by being blown from a quill or small tube, will be found a good remedy. If there is a distinct typhoid condition, with bloody saliva running from the mouth, with reddish discharges from the bowels, then *rhus tox.* will do good service; it should be given in small doses, 1 to 2 gtt. Where there is excessive saliva passing from the mouth, with ulceration of the throat, thick, tough, yellowish exudation, with bright red tonsils, liquids running out at the nose, difficult speech, and oppressed respiration, with fetor oris, sulphuric acid, diluted, internally and locally, will be found to act very promptly. I have passed through several epidemics of this disease, all of marked types, and I know it will not do to treat this (nor any other disease) according to name. He who would succeed must study over again pathology and diagnosis, and then study well the scope and range of his remedies to meet the ever changing pathological conditions produced by the hidden germs floating in the life-giving breeze. We must recognize the affinities of our remedies, as well as the affinities of atmospheric poisons in disease.

Art. LXXXI.—Treatment of Gonorrhœa. By J. T. KENT, M. D.,
St. Louis, Mo.

No small amount of disappointment and chagrin has been experienced by the ill success attending the treatment of specific urethritis. Yet it is not a difficult matter to find doctors (?) who claim to be sure-cures for clap. But every physician of great experience in this kind of practice knows that many cases of this disease are troublesome. I receive letters very often from rural practitioners asking me to describe my method of management, and for this reason I have concluded upon this open delineation. I have been at some pains to ascertain why the common failure occurs, and if possible make known a remedy. I do not refer to a final failure to effect a cure of the disease, but to the protracted nature of the treatment usually resorted to. It is not far from true that gonorrhœa will subside after a considerable time, but in *good subjects*, the disease should be made to disappear in the short period of two weeks. From extensive inquiry among doctors and a large number of patients, I have elicited the following important facts:—

1. Physicians sometimes trust to medicines internally when the trouble is entirely local, and local means only can reach the seat of irritation.

2. Injections or local means are sometimes solely resorted to where previous bladder, nephritic, and prostatic disorders protract the irritation and perpetuate the discharge, and when appropriate internal agents, in conjunction with proper local measures should be used. Gonorrhœa is a local disease, but it is not impossible for many systemic disorders to co-exist with it, and create much disturbance, making a systemic treatment quite necessary. The systemic treatment and local treatment should be used conjointly or separately in accordance with special indications.

3. Physicians too often direct an injection, supposing the patient competent to squirt a syringeful of liquid into his own urethra without special education.

I have known a few cases of clap to recover without injections; and doubtless the occasional recoveries of this kind have led to a wholesale humbuggery in the use of agents recommended for such purposes. I have found it an unsafe method of treatment, and now when I administer internal agents in gonorrhœa it is for special reasons outside the specific discharge. Previous conditions of the patient should arrest the attention of the attendant. The bladder, kidneys, prostate gland, any rheumatic tendency or old stricture, should be duly considered and medicine appropriately directed. Unless other injunctions are duly carried out, injections, or "specifics," will be of little benefit, and the "cure" often greatly protracted. When the patient is free from such previous disorders, a simple injection should be sufficient to cut short the disease to a week or ten days; and in simple cases local means are the only ones necessary, as there is nothing in and of this specific urethritis to excite any disorder that can demand an internal medication; and when such disorders appear it is through some predisposition not perhaps well understood at all times. It is not so important what drugs the injection contains as how it is used and what strength the solution is. If the patient be left to himself, the chances are he will do himself a small amount

The *warm water treatment* has been highly satisfactory in a few exceedingly irritable cases. The water is used, beginning with a temperature as warm as can be endured, which varies largely with different patients, and increased to a much greater temperature as soon and as rapidly as the patient can be urged to endure it. I have used warm water by hip-bath and injection with great satisfaction. In a city where Turkish baths are accessible, the patient may carry along his syringe and combine injections of warm water with a Turkish bath. It must be remembered that the temperature of a Turkish bath-room is at a much higher degree than the water that is to be injected should be raised to. I have seen some cases nearly aborted by this method of management alone. The patient may spend several hours during the evening bathing and injecting the genitals. While I have mentioned that good has resulted from this treatment, I must also mention that two cases were made to grow rapidly worse, and cold water was resorted to with great satisfaction. It is advisable, when directing a treatment, to keep the patient under close observation, as any method of treatment will sometimes fail; and the doctor who has the most convenient loop-hole will best succeed with his patients.

The *abortive treatment* has found no favor at my hands, and I can not advise any practitioner to give it a trial. I regard it as an unsafe method for general use, and should be generally condemned as obsolete, and as a means of ancient torture. It has been tried and found wanting, and its discoverer has not gained by his invention. Had I a vicious enemy who desired my professional attendance for a case of gonorrhœa, I might be persuaded to seek revenge by the abortive treatment.

When the case has continued some time, perhaps three months, and the sensibility of the mucous membrane of the urethra has become diminished, the discharge rather gleety—a passive state—I am in the habit of using a solution of permanganate of potassium, strength one-half grain to the ounce of distilled water. This agent, used as an injection, will tone up the mucous surface, cause a return of the normal sensibility, and a more natural discharge of pus. After which the combination mentioned above may be used with a hope of success.

I have often known patients who had used strong solutions for a year, going from friend to friend, druggist to druggist, and from quack to quack, recover after a vigorous letting-alone treatment, or with flax-seed infusion used by injection and the introduction of proper bougies. Strong solutions are always injudicious and often injurious. It is advisable to insert a proper bougie before discharging even a simple case of gonorrhœa as cured. Where a case has been of long standing it is always judicious to dilate the urethra; and as often as twice a week insert bougies of proper size, commencing with one that will pass easily, and finally one that places the urethra upon the stretch. When organic stricture is found, it must be treated with proper dilatation, but even when no stricture is present the bougie is useful, as a tendency to narrowing of the caliber is always present after any inflammatory process has existed in the urethral walls.

Art. LXXXII.—Congenital Obstruction. By H. F. GLEASON, M. D., Portland Mo.

Two cases have recently come to my notice which I think are rare, and may therefore prove of interest.

One of these was a case of congenital obstruction of the rectum, in a healthy male child. Dr. Cummings of this city was the attending physician. The obstruction in this case consisted of a membrane stretched across the rectum about two inches above the anus. The external parts were perfect. The abdomen gradually enlarged enormously, and vomiting of course soon followed. This membrane was punctured with a bistoury and immediate relief followed, but it soon united again. Four operations were performed but reunion ensued each time and the child died.

Case two occurred in my practice, I was called to attend a case of labor which resulted in the birth of a healthy male. I applied the usual ligatures to the cord, leaving fully one and one-half inches outside the umbilicus. At my second visit, about thirty-six hours after the birth of the child, I was informed that, as the nurse expressed it, "the cord had all drawn into the belly." Upon examination I found that the navel had retracted and very little of the cord was to be seen. Inquiry also revealed the fact that the child had passed no water since its birth, but had seemed to strain as if some obstruction existed. I found by examination that the glans penis was badly swelled and inflamed and the foreskin tightly stretched over it. So far as I could see no meatus existed. I began to think that I had a formidable job on hand, if it should prove that there was no passage from the bladder. But by forcing the foreskin gently back and using a silver probe, I succeeded in opening into the urethra and relief ensued. The immediate escape of urine proved that no obstruction existed beyond the meatus. The cord separated in a week's time without trouble. It has occurred to me that the retraction of the cord may have been caused by the distension of the bladder. I presume there have of course been cases of obstruction of the meatus as above, but they are certainly very rare.

Art. LXXXIII.—A Case of Acute Glossitis. By C. L. BETTER, M. D., Gosport, Ind.

Friday afternoon, June 11th, I was sent for in great haste to attend Miss E. S., aged 16. The messenger could only tell me the patient was thought to be dying, which left me to ponder as to the trouble until I reached my journey's end, which was in about one hour. Immediately upon arriving at the bedside of my patient, a glance sufficed to tell that I must deal with an attack of glossitis. I at once began interrogating the mother in regard to her daughter, and found she had been in usual health up to the present time; that after eating a hearty meal at twelve, she retired to take an afternoon nap. Nothing more was seen of her until near 3 P. M., when she came to her mother complaining of mouth and tongue burning; also pain in stomach, tongue. It was not to exceed half an hour from first complaint was frightfully swollen, and the young lady seemingly

amination showed as follows: tongue completely filling mouth, protruding from the lips about two inches, looking rather pale and flabby, except at tip and edges where the papillæ were very red and enlarged; inability to speak, and could swallow but a small quantity of fluid at a time; pupils dilated; pulse 100, very full; great anxiety and restlessness; asking if her head ached, she placed her hand first to back of head, then from temple to temple. I then asked if there was a burning sensation in the stomach. She affirmed by nodding the head, at the same time placing a finger on the tongue, conveying the idea of same trouble there. The throat was swollen externally; could not learn the condition internally, owing to the enlarged tongue; bowels regular, uterine functions normal.

Treatment as follows: For burning sensation of stomach and tongue, R *Rhus tox.* gtt. x., *apis mel.* gtt. v., water ℥ij.; half teaspoonful every thirty minutes. Alternated the following with the above: R *Tr. Veratrum viride*, tinct. *stramonium*, aa. gtt. xx., water ℥ij.; half teaspoonful every thirty minutes, as indicated by the full pulse, dilated pupils and restlessness. Local application for tongue—R *Veratrum viride* ℥j., glycerine ℥ij; apply every hour. After a few doses of medicine were given, and she seemed more comfortable, I left her, telling the friends to let me know should anything go wrong.

Was sent for again about twelve o'clock in the night, owing to unnecessary alarm. Found swelling of tongue abating, deglutition improved, no change in pupils or pulse. Now ordered medicines given alternately every hour.

June 12th, 11 A. M. Pulse 98, pupils slightly smaller, pain in head continues, but in a less degree; tongue almost normal as to size, slight white coat, papillæ still prominent and red. Could now examine the throat, and found tonsils and soft palate enlarged, mucous membrane red and puffy, deglutition good; can answer all questions; still complains of burning sensation of stomach and tongue. Treatment as before with the exception of *brom. pot.* gr. xx. every four hours. Left this time rather thinking the crisis had passed, but was called again at 7 P. M., messenger saying patient was having spasms. I learned she had begun complaining of severe pain in the head near 5 P. M., which grew worse until she began having convulsions; pulse 100, very full; pupils fully dilated, face flushed, surface of body hot. Suspending all other medicines for the present, gave—R *Hyoscyamus* gtt. x., *veratrum* gtt. ij., at one dose. Gave same amount every thirty minutes until three doses were given, after which she was quiet until 3 A. M., when she awoke and had a light convulsion; slept until 5 A. M. Now found pupils almost normal, pulse 80, slight pain in head, tongue has a moist white coat, papillæ still red and prominent, tonsils and mucous membranes red. Prescribed for her as follows: R *Veratrum* gtt. v., *rhus tox.* gtt. x., water ℥iv.; teaspoonful every three hours. Also left four 2-gr. *cinchonidia* powders, one to be given every four hours. *Hyoscyamus* as before, if necessary.

June 13th, 11 A. M. Rested nicely all night; pupils normal, pulse 80, tongue moist, normal in size, tonsils remain somewhat enlarged. Treat-

um, and prevent rupture of the region. Help the child then tie the cord in two places and cut between them. accenta, and bandage the woman. It is well, by the way, l is born, to feel for others and see that none get away. ag to relieve afterpains, and in a day or two see that the , and that the child is able to take his rations. Give cas- 40 hours if the bowels do not move before that time.

after the child is born, and see that hemorrhage does not er alarming accidents occur. Last, but not least, collect unprofessional not to secure fees when they are to be ob-

embraced in the doctor's paper, and although not novel, . It will compare well with papers usually read at So-
—H.

I.—Salicylic Acid. By J. A. MUNK, M. D., Chillicothe,

l has been used extensively in medical practice since its ad is by many physicians regarded with much favor. I ing the past two years, and wish, in a brief article, to give ervations concerning the drug. I do not purpose to name is in which it might be used, but may be able to hint will be useful to the reader.

ideration of importance is the best method of its admin- some preparations it is very disagreeable, while if prop- is not unpleasant. It is but slightly soluble in the usual if only suspended in a menstruum it leaves a bitter taste ie same as when taken in powder, which any one knows in that form. It is readily soluble in sweet spirits of elution thus made is unpleasantly bitter, and I have no- mpounds which I have ever tried that contained these dients were similarly affected. Any of the alkalies will or less freely when added to water, without developing but none more perfectly than borax. My usual prescrip- is as follows: R Salicylic acid ʒj., sodæ boras ʒij., water aspoonful every four hours. This makes a clear, almost , that can not be objectionable to the most fastidious. l borne by the stomach, never having heard of any com- core. Although prepared without alcohol, it does not tanding, the ingredients being their own preservative. latability and cheapness, this preparation can not be ex- tion, however, must be exercised in its composition, lest e trace of free acid or other incompatible element should the mixture to decompose it, and develop its inherent

For this reason it can not always be mixed indiscrimi- or pharmaceutical compounds, such as tinctures or fluid t detriment. I have found it to be compatible with ompatible with ginger, which serves as an example of

the peculiar delicacy of its affinity. Here is a field that will admit of extensive experiments to ascertain with what it may be safely united. I have several times had trouble with the prescription in sending it to the drug store, by the patient receiving a bitter compound. I have not been able in every instance to trace the cause, but one time found it due to presence of sulphuric acid in the water that had been used for cleansing the vessel of a gummy substance which was afterwards not sufficiently washed out. Too great care can not be taken in this particular, and if any one, in making the solution, finds it possessed of bitterness, he can be certain that some improper thing has found its way into the mixture.

If once the inherent bitter principle has been developed in this way, it is permanent. At least I have not succeeded in removing it by any process that I have ever tried. Its bitterness is intense and persistent to the taste, and this makes it very disagreeable to take. If capable of being estimated by comparison, its bitterness might be said to exceed either nux or colocynth. It is without comparison, the quintessence of all bitterness.

It should ever be the physician's aim to make the medicine which he administers as palatable as possible. It is his duty to consult the patient's preference, and humor the taste when it can be done without detriment. as the physician, by adopting this plan, has much to gain and nothing to lose. Utility, however, must not be sacrificed to simply gratify a whim of the patient, for every drug can not be made palatable, yet it should always be made as pleasant as circumstances will permit.

Its therapeutic effects are varied, and perhaps more diversified than has yet been ascertained. Its primary action is to arrest fermentation. When used for this purpose the solution may be made with glycerine and water in any desired proportion which will enhance its efficacy, as glycerine acts in the same direction. In diseases of the stomach and bowels, where there is fermentative action and an unusual generation of gas, salicylic acid is useful. It is likewise beneficial in the flatulence and colic of children, when half the strength of the formula given will answer. I have in this manner relieved some bad cases of dyspepsia and kindred affections, in some of which there was considerable irritability of the stomach, yet the medicine was received kindly by that organ.

But the cases in which I have perhaps derived the most benefit from its use are a class of rheumatic patients who complain of erratic pains and aches in various parts of the body. When questioned as to what ails them, some will say they have rheumatism, others neuralgia, and still others that their disease is unnamable. The characteristic symptom in such cases indicating its use, is the presence of a metastatic pain in any part of the body, *a pain that shifts or wanders about*. I do not now remember a single case where this symptom was present that the remedy failed to give relief. In not a few cases it acted like a charm. Several patients to whom it was given, who had not been wholly free from pains for years, were immediately relieved, and have felt nothing of the disease since taking the medicine, more than a year ago. While men may be mistaken in their conclusions, I can not believe that the good effect in these cases was merely owing to co-incidence. Of some things we can

at least be reasonably sure. I have realized such good results from its use in painful affections, even if the metastasis was not well marked, that I always think of it as a remedy in all cases of chronic aches or pains of an indefinite character, in which no special remedy is indicated.

I have used the drug in but a single case of inflammatory rheumatism, and with seeming success, as in a few days the worst symptoms were all abated under its use. While some writers have praised it highly in acute affections, I have not had the opportunity to experiment in that direction, as an attack of inflammatory rheumatism is comparatively a rare occurrence in this country; but I would certainly expect to realize good results from the use of the drug in such cases.

I have also employed it with success in several chronic cases in which the temperature was abnormally high. I did not give it particularly to lessen the temperature, but chanced to notice this effect in the course of treatment. During the time that the salicylic acid was being given, the temperature gradually approximated the normal standard, which afterwards raised again when the acid was discontinued. This effect was only observed in cases of functional disease, as in patients affected with organic disease no such effect was noticed.

Objections have been urged against the use of salicylic acid owing, as was claimed, to its deleterious action upon the teeth. Of this alleged fact I am not convinced, having never observed such effect.

Art. LXXXVII.—Traveling Doctors. By J. A. MUNK, M. D.

The traveling doctor nuisance is on a par with the patent medicine humbug. Whenever a doctor proves himself to be a failure, he becomes affected with the traveling mania, and takes to itinerating, seeking to find abroad that which is denied him at home. If he does not make traveling a regular business, provided he has the means to do so, as this class of gentry are an impecunious set, he is given to changing his location frequently, hoping at every move to "strike oil," only to be disappointed and provoked at his want of success. He may seem to succeed for a time by his volubility and tact in deceiving certain ignorant and over-credulous people, but being superficial, he can not successfully meet the skilled competition which presses him on every hand, and so fails from necessity.

If a man is seen to move thus aimlessly about the world, it is safe to conclude that he is a failure at home, and takes this method of picking up, as chance may offer, a precarious living elsewhere. The man who advocates or practises such a policy—that short stops and frequent removals make the successful physician—proclaims thereby his superficial character, and himself as a poor representative of the profession he has espoused. It takes time for a man to become established in any business, and in none other more than in medicine. For this purpose he must remain in one place, that he may become well known and tried.

If for some good reason a physician finds it necessary to change his location, it need not be to his detriment, but a sensible man will think twice before getting into the habit of running about in any such manner.

A shallow man is soon sounded, and can not stay in a success. The gilt of his tinsel is soon rubbed off, and his pretentious attainments exposed, causing him to meet people measure him at a glance, and estimate him at his value. A man of true character and genuine worth is not so; he wears his honesty. The more he is tried, the more he is appreciated of such a man, "He wears well."

There is no valid reason why any man who is qualified in medicine should travel in order to obtain a business; on the contrary, there is a very good reason why he should not, and if he is competent he will find plenty to do at home. This truth has been realized more and more, with a growing suspicion in the minds of the people as to whether the traveling doctor is really what he claims to be, and worthy of support. They look upon him as a humbug, in appearance from the common sort, but after all, he is the same. By exaggeration, falsehood, and by the use of his trade, and scruples at nothing if it only brings him the desired lucre. In many of his transactions he could not be so successful in reaching into his patients' pockets, and surreptitiously taking therefrom, than in obtaining it by the questionable means he employs.

Two leading characteristics belong to a man of this kind, and dishonesty. He is immodest because he indulges in braggadocio. He loves to parade himself before men, and to make himself appear by word and action more than he is—as a great production of the age, and in the line of his special branch of surgery, a veritable "seventh son of a seventh son," invincible. By a variety of methods he seeks to attract attention to himself and his mode of practice, all of which a man of honor would avoid and shrink from.

He is dishonest, because he promises cures that he cannot perform. Instead of seeking to establish a business by a legitimate way, he resorts to hand-bills and posters, in which he makes claims of impossible cures, from the very nature of man and disease which he proposes to treat. Such pretentious claims are calculated to deceive, and are baits thrown out for suckers—a net for the simple-minded fish. He even warrants a cure on the condition "no cure, no pay," but somehow always manages to get the money, whether the cure is made or not. What reason has he to care if the patient does not get well? All he wants is the money. He would not allow himself to be beaten at his own game. He has the presumption to boast of his honesty; but what confidence can a man, a stranger, who is here to-day and there to-morrow, have? To hear a man boast of his honesty is reason enough to call in question his integrity. Men experienced in the ways of the world know full well that such boasters can not be trusted, nor can a man who is a skillful and trustworthy physician who is constantly being praised, and repeating over and over again, to any one who will listen, the story of the wonderful and next to miraculous cures

formed, not then, but at some remote time and out of the memory of man, excepting himself. It can be definitely settled, that he who does so is not what he pretends to be, but is simply a cheat. A doctor of this stamp is never noted for ability in skill or learning, nor indeed can be, from the very nature of things. His true standing is revealed even to the casual observer by his inordinate vanity and illiteracy of speech. He may be naturally shrewd, capable of driving a sharp bargain, but in the essentials of what constitutes an educated and cultured physician, he is wholly wanting. His ambition rises no higher than the possession of a little cheap notoriety, and with that he is content.

No man of respectability will willingly subject himself to the odium of such a life. He will rather engage in the humblest employment, if honest, than to thus compromise his manhood and honor by practising a fraud. The immodesty and dishonesty of the business must forever keep good men out of it. It is only suited to medical pirates, and is the short cut to professional degradation and disgrace.

Art. LXXXVIII.—More Sunlight. By J. A. HENNING, M. D.

This is a good topic for a physician and physiologist to handle, and one that claims the attention of the ordinary practitioner. Without sunlight there would be no vegetables nor animals. Either do not flourish under restricted sunlight. Even human bodies absorb light, and will not keep well without sunbeams.

Sunlight cures more people than medicine; and without sunlight no rapid and substantial cures can be made. The sun is a great vitalizer. The sun-bath, so to speak, should be indulged in as often as practicable.

Bed-ridden patients should be placed near a window, in order that they may recover. No wonder the Indians call us pale-faces. The subject will bear extending; it is not exhausted by any means; in fact, it is merely touched upon.

Art. LXXXIX.—Notes on the National.

I happened to be present when a few Eclectics re-organized here in Chicago ten years ago. I say "a few" because there were not more than twenty-five real men in the meeting. The movers in the matter were a set of restless individuals who so loved notoriety that they tried many schemes to raise the wind. One had a lame college that needed advertising; another had a book that craved notice; and a third wanted to be president, in order to have his name associated with big things. Well, ten years have done much for the Association, but little for the men there assembled. None of them have reached the presidency, or otherwise risen to distinction. Most of them were poor, and so they continue. None have been fortunate in anything; and some have given up the race in despair. But new men have come forward, and shown that they are nobodies. Young, enterprising, and scholarly men have swelled the ranks of the Association, and largely contributed to its prosperity. At the morning of meeting this year, Pres. Green called the convention to order, but, *horribile dictu*, no priest was present to make an open-

ing prayer. This was not an oversight on the part of the local committee, for they had engaged an eminent divine to perform that service. As time passed and impatience increased Prof. Howe was irreverent enough to advise the President to go ahead without asking for Providential favor. Luckily for the reputation and success of the meeting an ex-president who has an abiding faith in Providence and Boston, protested against the rash procedure, saying he should rather not open till to-morrow if no clergyman could be secured. The logic of which is that there would be no convention if the Chicago clergy were at the sea shore, in Europe, or engaged in fighting Satan in the strong holds of Bob Ingersoll & Co. Well, the Rev. Dr. Milligan, came at length, and without forceps delivered the convention of an awkward dilemma. After this timely and becoming service President Green proceeded to read his lengthy address as fast as he could breathe and speak. His voice was rather weak, therefore no one knew for an hour what was being said, but the next morning the "Inter-Ocean" contained the whole thing. A printed copy had been put in the newspaper office before the manuscript was read to the convention. This proved a fortunate circumstance for those who wanted to know what Pres. Green had been saying. The address, when seen in print, was acknowledged to possess scholarship, thought, and research. It could not be pronounced startling, or brilliant, but generally commendable. Green is a man quite above mediocrity as a writer and thinker, and has conducted the business of the Association in an admirable manner. His successor will have to be wide awake to come up to the administration of Pres. Green.

In efforts to analyze the prominent members of the Association I tried to judge the members individually and as a whole. Altogether they are advanced in life, and present a respectable appearance. The elderly men are dignified and well mannered. The younger members are moderately genteel, and decidedly promising. Very few have been blessed with university educations, yet all are well schooled, and professionally trained. As every large body of men has a few who are great in little things, this could not be an exception. Such men shoulder lofty topics, such as hygiene, heredity, longevity, and kindred subjects, and drag them under the notice of a convention as if they were novelties, and not ably discussed in books and magazines, and by the best writers in the land. Well, if the would-be important individual sees his name in the morning city papers he is happy. He thinks to himself, "what will the people of Periwinkle think when they see my name in the Inter-Ocean? Won't that create a sensation?"

Dr. Munn, ex-president of the Association, was made treasurer *pro tem.* in place of Dr. Anton, who has been sick. Munn is an easy going man who has confidence in his powers. A pronounced nasal twang indicates his origin. May he live long and prosper.

The secretary, Dr. Alexander Wilder, evidently enjoys appearing "off" in his entire make up. His physiognomy indicates talent and character. That frontal dome sloping high above bushy eyebrows is not as hollow as the head of an owl. But when the man gesticulates the trunk and limbs do not seem to be on good terms with one another. In gazing at the

man, taking in his entirety, one can not help thinking that such a peculiar organization must be the abode of crotchets and impracticable ideas.

A feature of these conventions is that college faculties constitute the leading characteristic of the Association. If there were no colleges there would be no "National." This year college jarrings were wholly absent. This circumstance came from the fact that the Eclectic Medical Institute settled its policy of two terms a year with the "Illinois Board of Health,"—a precedent for all other boards. An attempt was made last year on the part of colleges that can afford to hold but one term in a year, to circumvent the Institute by restrictive legislation, but the managers of the "old reliable" were a little too smart for those who imagined they had "tethered the bell-wether."

A notable circumstance in the convention was the absence of Dr. R. S. Newton, and his sprightly colleagues. Is it possible that he has ceased to hope to be president of the National? This was one of the pinnacles on which his ambitious eye has often gazed. This abstinence is certainly conspicuous. Next year I expect to meet him in St. Louis, though that is travelling a long distance in pursuit of an uncertainty.

Of the laity, Dr. Band, of Crete, Nebraska, is one of the most notable. He possesses a refined and intellectual head and face; and his general presence is that of a cultured gentleman. He is said to be rich and liberal. He poured into the lap of the treasurer one hundred dollars in yellow coin. He might have offered it in prizes for the best essays on select medical topics, and thus added interest to the business of the next year's convention. Perhaps this suggestion will induce him to think in that direction before making future gifts to the Association.

On the second day I interviewed Prof. Howe on several points pertaining to the interests of the Association; and to be brief I will give only the substance of his answers, the replies indicating what the queries might be. He said he could never be president and retain his manhood, for he had been opposed to the occupancy of the chair by a professor in any of our colleges. Although there was nothing in the constitution against such occupancy, custom had made the rule almost as sacred as the law. If this principle be violated the laity will never see another president except he be a professor. But, if an amendment to that effect be put in the constitution, our respect for the inviolability of such instruments will keep our interests as an Association out of the hands of college cliques. He predicted the election of Prof. Clarke on the ground that the pins had so been set up. He had no objection to the professor, but should be sorry to have the rule again violated.

Upon asking Dr. Howe why he opposed the election of officers on the third day, he said, "I have often remarked to fellow conventionists that the meeting was fullest at noon of the second day, therefore that time is the fittest to elect officers and name the next place of meeting. To hold the election at another time is to disfranchise more or less who take a great interest in the organization. The president has the appointment of the committee on credentials; and this committee keeps the Association pure. I can not give but two days to the convention, therefore if the election occur on the third day I shall not put in an appearance till

the second day; and so it would be with many hard working men, whom the Association can not afford to have absent on the first day when the reporters of newspapers come in to see how we open. The idea that a full convention can be held from beginning to end by placing the third day, is simply preposterous. Men can not be crowded into an enclosure, and forced to listen to drivel that is distasteful on the part of the constitution regulating elections with the aid of other good men, and felt that it could not be changed to a vote on any one year, but on the third day at Cleveland the iconoclasts broke the adored image. I will endeavor to restore the instrument to its original beauty and usefulness, at the same time, if I succeed all will be well. After that I hope that our Association—paid to be always present—will enter his individual suspicious and tainted unanimity that may be concocted accidentally or purposely in session."

More of a kindred nature was said by the earnest speaker. A photograph has been re-produced to show what effect a third day has on the organization. He predicted that a college graduate would be president, partly because the election was to occur at the session.

Art. XC.—Letter from Dr. Scudder.

LIVERPOOL,

MY DEAR EDITOR:—Everything comes to an end; a day comes, and more things come to one end in the first part of the day than in the last. The same old story of sea-sickness without a remedy, except a bromide of sodium, which is being used with some effect. Some persons do not "cast up their accounts," though they are yellow and sad, and fit subjects for crab-orchard salts as a remedy. Sea air is delicious; the sea motion—well, it will hardly do for the gentle heavings of a maiden's bosom.

I met a Professor of the University of Michigan on a visit to Liverpool in conversation asked him how the Homœopaths and Reformers were getting on. He said they were the same school. The smile that covered his face said that he was not serious. He asked what he thought of Homœopathy. He remarked that he was in mind of the ancient soothsayers—"they could not tell the future in the face without laughing." He remarked, "I do not agree among themselves, they can hardly be regarded as true."

One finds very good company on board ship, scholarly, agreeable men, with whom it is a pleasure to talk, and a pleasure to listen. But there were no doctors this time, who are wedded to their profession that they can not leave it.

I have not yet got hold of any medical journals, and have not read from this source, but the London *Times* of the 12th has an interesting Parliamentary discussion on the new vaccination bill,

The motion was by Dr. Cameron, "That as cow-pock lymph direct from the calf, commonly known as animal vaccine, is at least of equal value as a prophylactic against smallpox with the ordinary humanized lymph, and as its use affords an absolute guarantee against the propagation of those human diseases occasionally invaccinated with humanized lymph, this House is of opinion that to meet the objections to vaccination founded on the possible communication of other diseases through that operation, a supply of animal vaccine should be provided by the National Vaccine Establishment."

Mr. Taylor moved as an amendment "That in the present unsettled condition of medical opinion in regard to the safety of using ordinary humanized lymph, as also of the safety, efficaciousness, and practicability of the use of animal vaccine, it is, in the opinion of this House, inexpedient and unjust to enforce vaccination under penalties upon those who regard it as undesirable or dangerous."

The subject was very thoroughly discussed, and it was shown that compulsory vaccination had proven a good thing for the community, and the testimony of five hundred prominent medical men was given, that they had never known a case where disease was communicated by vaccination. "In France, out of 2,671,000 properly vaccinated, there were only seven that afterwards took the smallpox."

Compulsory vaccination remains the law in England, and it is probable that animal vaccine will be propagated under the charge of the central commission—the "National Vaccine Establishment."

There is more interest taken here about sanitary matters than with us. Sanitary engineering, drainage, the removal of sewage, and that abomination of abominations, human excrement, are the topics discussed. May the time soon come with us when we can see the propriety of protecting our water supply against contamination, for whatever a man may think, it is not good policy to defecate in our wells and cisterns, or have communication between our privy vaults and the same.

Yours,

SCUDDER.

Art. XCI.—Letter from Dr. D. D. Martin.

PROF. SCUDDER—*Dear Sir:* Although an allopathic physician, I have learned to appreciate and to admire your ideas and methods. I can not enumerate the advantages I have obtained from "Specific Medication," but will recount a few observations of my own. I have found that the juice or sap of *rhus tox.* will cure cancer. I first squeeze the liquid from incisions in the growing vine and then apply it to the abraded cuticle covering the malignant tumor. The morbid parts thus assailed will turn black in a few hours. Every day the killed parts are to be removed with a knife, and fresh ivy sap applied. After reaching the lower depths of the tumor the poison of the *rhus* will follow up the hardened lymphatics (roots), and necrose them. The adjacent sound flesh is not injured by the medicine.

I have cured all cases that have come under my care, and have never failed when I have seen the case before the disease had advanced beyond the control of anything.

I believe from an extended experience that the fresh juice of the poison ivy is an excellent escharotic in other diseases. Be careful to gather the sap at the right time.

Art. XCII.—Case in Obstetrics. By W. B. GRAHAM, M. D.

PROF. SCUDDER—*Dear Sir:* In reading the *Journal* closely for the last few months, and reflecting on the regular treatment in obstetrics, I am a little surprised to find your views exactly to correspond with mine and also my experience. I take it for granted that nature does this obstetric business wisely, and should not be interfered with only when she is unable to do her work, which is but seldom, if she is only let alone.

I was called March 14th to wait on Mrs. W., confined with her second child. Pains were slight on arriving at the house; delayed making an examination for one hour, then found the head presenting, but lying nearly across the pelvis, well looked in the superior strait. Nice predicament for a young physician, but I happened to be twenty-one years old in the business, and it gave no uneasiness.

I let nature alone until the pains became pretty strong, then I thought was my time to act, which I did as follows: Placing my left hand and arm upon the right side of the abdomen along side of the uterus, and with the palmar surface of the right hand on the left side of hypochondriac region, immediately over the head of the fetus, at each pain for three successive pains, made firm pressure from right to left side with left hand all along the uterus, and from left to right and downward with the right hand, the third pain being sufficient to cause the presenting part to come into the strait properly, and then with only a few pains she was delivered of a fine healthy boy. Removed the placenta as soon as pains returned, which required a little kneading and friction over the abdomen. The lady was up in four or five days, is doing finely, and so is the child.

Now I have a case in my mind where there were three physicians in attendance, with just such a presentation. The lady suffered two or three days, and was delivered with a perforator and crotchet, when with a little proper manipulation or turning, the child might have been born alive. A little common sense was all that was lacking.

I endorse your views as expressed in "Little Things in Obstetrics," and if they were put into practice, I think it would be better for the women.

Art. XCIII.—Tape-Worm Removed by Pomegranate Bark.

By Dr. B. C. OYLER, Harvard, Neb.

I wish to add another testimonial to the value of the above remedy in removing tape-worm (*tænia solium*.)

A gentleman in our town had been a sufferer from long time. He had been treated by several physician thelmintics had been prescribed, but without relief. near town told him he knew of a remedy which, if he cure him, as he himself had been cured by it after ha

rs without any benefit. He was told to proceed. The far-
ne and asked me if I had any pomegranate bark, and stated
, as also the object he had in view. Having just procured
bark for another case which I expect to treat, I gave him
Ordered a light supper to be taken the evening before, also
Anti-bilious Physic" in the morning before breakfast, and
y little. Ordered the bark put into three pints water, and
o one pint. Take one-third of the decoction at 9 o'clock,
.30, and remainder at 10 o'clock. Also gave a little tinc-
and peppermint to keep the stomach quiet. About 11
orm, about thirty feet long, including the head, passed.
xperienced no great unpleasantness, and was able to resume
inder of the day.

PROCEEDINGS OF SOCIETIES.

Nebraska State Medical Association.

Nebraska State Medical Association met at Omaha on the 8th of
nt to adjournment. The meeting was called to order by the
nt, Ira Vancamp, M. D., of Omaha. Roll of officers was

J. H. Woodward, *Pres.*; and Chas. Band, *Treas.*

as of the last meeting were read and approved.

committees was called for.

tee consisting of W. S. Latta, M. D., R. S. Grimes, M. D.,
Woodward, M. D., having under consideration the establish-
dical College, reported progress and was continued.

tee on medical legislation reported that they had a bill
resent to the legislature for the purpose of regulating the
edicine in the State of Nebraska. Report received and the
ntinued. The committee consisting of Drs. Latta, Grimes,
rd. On motion the names of Vancamp and O. O. Wells
said committee.

roposals for membership now being in order, the names of
on, M. D., of Tekamah and O. O. Wells, M. D., of Beatrice,
d, and being examined by a board of censors and reported
were balloted for and declared duly elected members of
on.

order of business being the election of officers, resulted

ip, M. D., of Omaha, President.

ward, M. D., of Seward, Vice President.

s, M. D., of Lincoln, Recording Secretary.

, M. D., of Crete, Treasurer.

M. D., of Seward, Corresponding Secretary.

ensors—A. E. Root, M. D., of Eight Mile Grove; M. J.

D., of Tekamah, and H. Y. Bates, M. D., of Sarpy Centre.

s then taken until 7 o'clock p. m., at which time the Asso-

oiation was promptly called to order by the President, who announced that the next order of business would be the reading of essays.

Dr. Latta being called for, read a lengthy paper on "The Germ Theory of Disease," quoting largely from authors both ancient and modern, which showed a great amount of study and research.

Dr. Grimes next presented a paper on "Puerperal Septicæmia," taking exceptions to some of the doctrines laid down by authors, and which showed that he had given the subject his earnest attention.

Dr. Nichols read an essay on "Typhoid Fever" which elicited considerable discussion.

Dr. Vancamp then presented an essay on "Vascular Hemiplegia." His paper was carefully prepared and the subject treated in a masterly manner, and at considerable length. At a very late hour the Association adjourned until half past seven o'clock a. m.

June 9th, seven and a half o'clock, the meeting was called to order by the president. A paper was read by Dr. A. L. Root on "Specific Medication," which led to a general discussion. The discussion on this and other subjects was continued at considerable length.

Cases in practice were then presented, and all members of the Association desiring to do so gave their views upon various cases.

An amendment was offered to section one of article two, of the constitution, for the purpose of enabling reputable physicians in good standing, graduates of legally chartered colleges, to become members of this Association without their being in attendance at the time of admission, by paying the regular admission fee, and furnishing satisfactory proofs of their qualifications to the Association.

Massachusetts Eclectic Medical Society.

The annual meeting of this Society was held at the Revere House, Boston, June 3rd and 4th, with the president E. E. Spencer, M. D., in the chair. There was a large attendance and several new members were admitted. The finances of the Society are in good condition. The following officers were elected for the ensuing year.

President, John Perrins, M. D., of Boston Highlands.

Vice President, N. Jewett, M. D., of Ashburnham.

Corresponding Secretary, J. D. Young, M. D., of Lawrence.

Recording Secretary, A. L. Chase, M. D., of Randolph.

Treasurer, J. W. Towne, M. D., of Charlestown.

Librarian, J. D. Mason, M. D., of Boston.

Councillors,—Drs. C. E. Miles, G. H. Merrell, F. L. Gerald, C. Lloyd and Joseph Jackson.

An essay was read by N. Jewett, M. D., of Ashburnham, his subject being "The Lymphatic System."

The afternoon session opened with the new president, M. D., in the chair.

Essays were read by Dr. F. L. Gerald, of Hyde Pathology and Therapeutics of Puerperal Fever," a of Randolph, subject "Typhoid Fever" with notes fr

Academy of Medicine of Brooklyn, N. Y., was introduced and presented an essay, entitled "Shall Distinctive Names identify Practitioners of Medicine of different Schools." All were fully discussed by the members present.

The session continued Friday, with Dr. John Perrins, President of Haverhill, presented an interesting essay on "The *stratum Viride*," the greater part of the forenoon being given to a lengthy discussion of the subject following the reading, in which Drs. Griswold and Smith of New York, and Andrews, Gerald, Lloyd and others participated. Resolutions were offered for the deceased members, Dr. Henry S. Esbury, Mass., and Prof. Paul W. Allen of New York. Dr. Milbrey Green, M. D., of Boston, was the orator of the day. He delivered the annual oration, his subject being "Obstetrics in America." The material of which this address was collected in 1868, in the course of a research into the status of and instrumental labors, for a paper read before the "The Value of Anæsthetics in Midwifery." The orator sketched the history of obstetrics and gynecology from the earliest country to the present time, with occasional allusions to the use of instruments and operative procedures in ancient and modern times. Until late in the 18th century obstetrics was, even in this country, in the hands of women, and it advanced slowly to the position it occupies as an art and science. In America its position was not so favorable. Women were generally the practitioners of midwifery, and few thought any particular instruction necessary for an abortion, or nothing more than could be obtained from a quack. So great prejudice existed, not only in the public mind, but among the profession, against the practice of midwifery by women, even those who were qualified, by their studies in Europe, to engage in it. In 1646 a physician in the province of Massachusetts was forced to pay a fine of 50 shillings and 5 shillings costs, for not performing the part of a midwife." The first physicians in America who turned themselves to the practice of midwifery were Drs. James Smith and William Shippin, Jr., of Philadelphia.

Dr. Green was rich in valuable facts, interesting especially to the members, and contained extracts from many of the first medical publications that appeared in the country, from a valuable collection of these books in the possession of the orator.

Dr. Green discussed the discovery of ether, and showed conclusively, from the statements of Prof. Sims, that it was first used in surgical operations by Dr. Crawford Long of Athens, Ga., though Dr. Wm. T. G. Morton, in 1844, made a somewhat similar discovery, with no acknowledgment of Long's labors in this direction.

After the conclusion of Dr. Green's oration an adjournment was had to another session, where an ample repast was spread. Dr. Seth C. Ames, occupied the President's chair. The postprandial exercises were introduced by a sentiment complimentary to the orator of the day, which Dr. Green responded to the toast, "The New in

Gynecology, and Obstetrics an Outgrowth of the Old." He spoke as follows:

"Solomon declared 'that there is nothing new under the sun,' and Aristotle said 'that probably all art and all wisdom have often been already fully explored and again quite forgotten.'

"In my address to-day I have shown the progress of obstetrics and gynecology during the last century, and described the new operative procedures and instruments originated by eminent practitioners in these sciences. Many of the most valuable of these discoveries have been made within the last thirty years.

"At the last annual meeting of our Gynecological and Obstetrical Society I presented to it a *fac simile* of a portion of one of the Hermetic books of medicine, written on papyrus nearly 1600 years before Christ (3432 years ago). A study of this papyrus scroll, and investigations of Egyptologists, demonstrate that the Egyptians possessed a knowledge of obstetrics and gynecology thirty-five centuries ago, and reliable Egyptologists assert that they had specialists in gynecology and other branches of medicine.

"Herodotus, twenty-three centuries ago, wrote of physicians among the Scythians who made a specialty of gynecology, diseases of the eyes, etc.

"I also presented two volumes of the writings of Hippocrates, written 400 years B. C., and read extracts from them on gynecology and obstetrics. They give accurate descriptions of the female sexual organs, describe the reduction of prolapsus uteri, and its retention *in situ* by pessaries, and mention the uterine sound, the vaginal speculum, and other gynecological instruments.

"I exhibited a *fac simile* of an illustration of the female sexual organs on a scroll, such as have been found in the writings of Soranus, and a work on obstetrics, which contained some references to gynecology, written over a thousand years ago.

"The Talmud contains references to obstetrics, and a description of what is now called the Cæsarean section, written many years before the birth of Cæsar. In the 12th and 15th chapters of Leviticus, Moses describes physiological and pathological conditions of women, and gives precise and most valuable precepts on sexual hygiene, the beneficial influence of which is seen, even to-day, on the vital statistics of the Jews.

"Until within a few years works on gynecology have contained little or nothing on sexual hygiene, but within a year or two Goodell and some other writers have urged its importance. But their maxims embody those of Moses, and his summed up the knowledge of Egyptian priests, on this subject. The knowledge of the ancients in obstetrics and gynecology was not of an exact and scientific character, and they held many erroneous ideas in regard to these and other branches of medicine. But translations from the papyrus scrolls of Egyptians, as of Hebrews, Greeks and Romans, show that they possessed many of the valuable instruments and operations which have been re-discovered and accepted as new with the history of medicine, from Hippocrates to the many instances of inventions of instruments and u

and forgotten within half of a century. It does not lessen these instruments and operative procedures or detract due those who re-discovered them that they were known to. In many instances great discoveries have been made in various parts of the world by men who had no knowledge, and were truly the result of their study, observation led in some instances by suggestions from animate objects. The curve of the steel hook that supported the gas by his fireplace gave Prof. Hodge the idea of his pessary, which he had failed to originate before, though a subject for years.

An important discovery of a new method of uterine examination, a valuable speculum, was the result of an accident. Studied long and patiently to find some means to accomplish, but their discoveries finally came to them like an inspiration, as the case with Sir Isaac Newton and Galileo. The fall of an apple led to Newton the law of gravitation, over which he had labored, and the swinging church lamps suggested the pendulum.

Regarding the subject before us there is one lesson that ought not to be forgotten.

All our discoveries, and all the advance made in obstetrics and as well as in other sciences, have been the result of patient study, instead of some sudden stroke of genius.

"I made innumerable trials, through a long series of years," said this discoverer of the form of pessary he desired, and Prof. Hodge the perfection of his mechanical contrivances on which his first great operation depended "was the slow work of years." Sir Isaac Newton said that, "if he had made any discovery more to patient attention than to any other talent," and the testimony of all great inventors. Hippocrates, Aristotle, Harvey, and Newton were all characterized by their energy in their investigations, as were also those who have accomplished most for the advancement of obstetrics and gynecology in our day.

Dr. Merrin responded very happily for the officers of the Society. Upham spoke, in answer to a sentiment, in favor of spiritism, and Dr. E. E. Spencer gave the valedictory of the reunion.

Dr. Griswold of New York sketched the progress of the Society and earnestly urged the co-operation of the Massachusetts and New York associates for the advancement of the cause of systematic preliminary instruction. Dr. H. G. Barlow, when the sentiment "Our Pegasusides" was offered, recited a poem abounding with pungent hits at the medical humorists. Dr. C. E. Miles of Boston Highlands, spoke for the success of its mission and explaining that Eclecticism as a school of medicine should be the aim of all methods to give strength and tone. At the close of the Society Dr. Miles spoke very hopefully, at the

same time warning his hearers that the medical millennial men shall see eye to eye is as yet afar off. A brief Orno, Vice President of the College of Pharmacy, brought to a conclusion.

The Society re-assembled at 4.30 P. M. The following appointed delegates to the National Eclectic Medical Congress: Drs. Allen, Geddes, Newton, Gerald, N. Jewettson. The Society then adjourned.

The Executive Committee met at 5 P. M., and it next annual and semi-annual meetings be held in Bobrey Green be Anniversary Chairman: Anniversary Green, Jackson and Bills; Publication Committee, Town and Chase; Auditing Committee, Drs. Joseph Arms; Committee on Essayist, Drs. Gerald and Chase following State Societies were appointed: Maine, Dr. Carswell; New Hampshire, Drs. Geddes and Marston Jewett, Jr., and Wyman; Connecticut, Drs. West York. Drs. Andrews and Lloyd; Ohio, Drs. Green and

A. L. CHASE, *Re*

Oauge Eclectic Medical Society.

The above Association met at Schell City, Mo., M Society was organized a year ago, and is doing good work in that region. Dr. Marquis read an excellent paper on bowels, which was thoroughly discussed. Dr. Crane paper on the teeth.

On the second day, officers were elected as follows of Clintonville, was made President; Dr. W. S. Ode President; Dr. T. W. Miles, of Schell City, Secretary of Schell City, Treasurer.

Dr. Barter, of Virgil, delivered an interesting lecture on and treatment of cancer, which elicited animated discussion. Dr. Barter read a paper on cholera infantum, which was also followed. Dr. Harvey came in elegantly on diphtheria, and Dr. Other important business was executed, but not interesting to the general reader. The Society meets every three months. Members should send brief abstracts to medical journals. The mere mentioning of names of readers of papers does not furnish the highest order of professional entertainment. Much of this finds way into print.

Tennessee Eclectic Medical Association.

May 15th, at Nashville, a number of Eclectic physicians organized a State Association. Many encouraging letters from members of our fraternity; they came from men who are not yet, yet wish us success. The following officers were

President, Dr. J. W. Allen, of Fulton; Vice President, Dr. Jewel; Secretary and Treasurer, Dr. W. H. Halbert; Corresponding Secretary, Dr. R. A. Clopton, of McLemore.

A constitution and by-laws were adopted, and essays were read. Five delegates were appointed to attend the National Association at Chicago. [None were present.—H] A resolution was passed endorsing specific medication. The Society adjourned to meet in Memphis, the first Tuesday in May, 1881.

Note.—All Eclectics will be glad to know that their Tennessee friends have organized.

EDITORIAL.

Defective Diagnostic Acumen.

When I observe surpassing excellence in a medical man I do not try to ascribe his superiority to the way he parts his hair, to the style of his dress, to assumed mannerisms, to affected niceties of speech, to vulgar profanity, nor to *chance*; but I look for meritorious talent, and if I scrutinize carefully the secret will be discovered. We are told over and over again that such and such a practitioner was never appreciated; that he was well educated, industrious, and conscientious, but no body wanted his services; that the people either held on to old Dr. Bandyls, or chased after young Dr. Taffy to the scandalous neglect of Dr. Merrett. But, such a lack of appreciation on the part of an intelligent public is uncommon; and will not last long. Old Dr. Bandyls possesses qualities not to be despised by a youthful competitor. He is at least careful in making diagnoses. He looks the patient over with care and deliberation; and he takes morbid features into consideration that a dashing "knows-it-all" might neglect to notice. Then, again, Dr. Taffy, the sweet scented homœopath, may have commendable qualities that the querrulous Dr. Merrett does not understand, or willfully will not see. If Dr. Taffy has gained and sustains a reputable practice in a community he certainly is not without points worth observing. It is illogical to say that he is a know-nothing and a good-for-nothing. While riding in a street car some years ago I was asked by an old physician of the city how I was getting along. I answered, "as well as I deserve, I thank you." In response he said, "that is the most sensible answer I ever heard made. I wish I could hear more of the same kind from my professional brethren."

Not long since I heard that two of my brethren tapped a woman for dropsy when, in fact, the patient was pregnant; and a few years ago a celebrated ovariologist in Kentucky opened the abdomen of the wife of a brother physician, while hunting a tumor, and found a uterus enlarged through the development of a child just ready to be born at term. Last winter I was called to see a man who had been sick a week, the ailment was a "bilious disorder," so the physician said, and cathartics had been administered daily. The regular attendant scoffed at my suggestion that this was a case of incipient typhoid fever, and tried to have a consultation over the case with one of his own school. The family decided that if their medical adviser would not take me as consulting physician, I should have it altogether. I assumed the professional responsibility of the case under protest, for I thought the patient would die before the

disease had run its course; but I was happily disappointed. The discharged physician called at the neighboring drug store every day to learn how the case of "typhoid fever" progressed, and was chagrined when he learned that it was a severe typhoid case that recovered.

This season Dr. Sparks, of Nobleville, had a young patient that suffered from varicella in a severe form. The doctor pronounced it "small-pox," and thus threw the community into needless alarm. Vaccine matter was in demand; and the doctor had all he could do for a fortnight while engaged in vaccinating people, and assuring those who were feverish and had a pimple, that he had stamped out the "epidemic." But, the mistake in diagnosis had been discovered; and this, put with another previously committed blunder, made a case against the doctor. He was accused of being unskillful; and the accusation not being false, proved too much for the doctor's hold on the community. He charged his friends with lack of appreciation so far as medical skill is concerned, and moved westward a few states. Another practitioner has settled in Nobleville, but whether he be a careless diagnostician or not remains to be seen.

Sydenham once remarked that if a physician was wise enough to know what disease existed, he was sure to manage it well. The meaning of the oracle was that it is more difficult to diagnose a case than it is to medicate it properly. Without a clear diagnosis no rational theory in regard to treatment can be established. And we are generally to look beyond mere surface symptoms,—we must not be satisfied with a red, brown, or white tongue,—we are not to place undue importance to a quick pulse, or an elevated temperature of the body, although these are among the features to be estimated, but a deep look should be given to hereditary states and constitutional conditions that reflect very little outwardly. That habitual cough, nauseous breath, capricious appetite, and general leanness, mean more than the superficial observer supposes. There is a taint of eczema in the family. One member had nasal catarrh, then bronchitis, and finally phthisis. A maiden aunt had fissure of the nipple then cancer of the breast; a bachelor uncle died of anal fistule and pelvic complications; a nephew suffered from curvature of the spine; and a niece had hip-disease. All of these ailments were related, though quite different in their manifestations. An experienced physician would not waste much time upon local disturbances while treating such a family, but force upon the attention of the sick the necessity of "purging the system," not with cathartics, but with eliminants of a less exhausting nature. The young of such a family should be fed well on nicely cooked foods of the most substantial nature. The nutritive operations of the body should be constantly in view.

Faulty diagnosis in ordinary medical practice is more likely to pass undiscovered than if it were surgical, yet the physician should never trust to good fortune to help him out of mistakes lest he fall into careless habits. Surgeons have many bad diagnoses charged to them; and physicians will allude to these recorded mistakes as if they were excuses for their own short-comings. There is not a specialty in the profession,—we have surgeons who eat every county seat, but careful diagnosticians are scarce.

owes his superiority over another more to the accuracy of diagnosis than to dexterity in the execution of an operation. In general a surgeon has the advantage over the physician in diagnostic facilities. A surgical disease, when it be superficial, as it often is, readily falls under the scrutiny of the eye and the finger, but such is not always the case. Many surgical cases are connected with the viscera and the deeper portions of the body. The surgeon keeps himself posted on the relative anatomy of the body, judging with accuracy what causes tumefaction in this region or that. In diagnosing tumors or swellings of the thoracic and abdominal cavities the physician almost always defers to the practical surgeon for critical opinions. Although the physician has to deal largely with visceral diseases, he readily yields to the views of a reputable surgeon.

Luckily for the physician, one kind of treatment will do quite well for several different inflammatory states, yet he will turn out the most successful physician who discriminates closely as to contiguous organs inflamed. A physician may poultice an aneurism and not do much harm, yet if the surgeon mistake it for an abscess, and plunge a bistoury in it, the defective diagnosis is fatal. I recently saw a collection of surgical cases that were diagnosed defectively. One is that of a living London surgeon who undertook to remove a diseased testicle, and cut into the transverse colon which was hernied into the scrotum with a knuckle of omentum. The latter led to the deception. Dr. — sent a bistoury into what he supposed was abscess of the left labium of a woman, and produced an artificial anus by opening a thyroidal hernia. The tumor was tender, and springy like an abscess; but when fecal matter flowed instead of pus the surgeon became aware of his mistake.

While undertaking to remove the thyroid gland my exploring finger dropped into an aneurism of the left carotid artery; and a fearful jet of blood dashed to the ceiling above. I grasped the sac in my clenched fingers, and then sent long needles armed with silver wire through the collapsed walls of the tumor, and closed every avenue of the blood's escape. The aneurism was cured by the following inflammatory action, and the patient is now alive and well.

Fifty years ago Ferraud, a celebrated French surgeon, punctured what he took to be an axillary abscess, and opened an aneurism which killed his patient. There are not less than twenty cases of this kind on record; and probably twice as many more have occurred, but did not get reported. It requires considerable courage for a medical man to make known the mistakes he has made.

A bubo, as was presumed, led a celebrated surgeon to use the lancet to facilitate the escape of pus, but instead of a purulent flow there came a gush of arterial blood. By the greatest efforts the patient's life was saved, but the artery was obliterated.

In the *Edinburg Journal* for Oct., 1836, is the account of a tumor in the groin which was stethoscopically diagnosed as aneurism of the external iliac artery, the *bruit de soufflet* being distinctly heard. The surgeon, after incising the abdominal integuments, found a solid tumor, which he removed. There was no aneurism. The modern exploring needle would have saved some of these mistakes.

It is not uncommon to have sarcoma of the testicle and hydrocele, I committed this blunder once myself about 1840. The man lived several years afterwards, but never ceased to be as long as he lived. I had no exploring instrument the size was so small that it did no harm.

A collection of clotted blood about the shoulder or groin is very misleading. A tumor of coagulated blood in the axilla and receiving impulses from the artery, once kept me for two days.

Cutting for stone in the bladder when no calculus is present is uncommon among reputable surgeons. As a rule a stone is not cut for till it is felt with a sound, yet in obscure cases it has been ventured upon when no stone is distinctly sounded.

Velpeau encountered what he diagnosed as strangulated hernia, in a girl, but an operation proved the lump to be a tumor in the naval dimple.

It is not rare for a tumor of extravasated blood under the scalp in a soft place in the middle, to be taken for a fracture of the skull or a depression of fragments of the cranium.

I once cut through the abdominal walls to get at an abscess and found an enlarged spleen which reached into the pelvis. A surgeon made the same mistake, and it was concurred in by Mr. May. The blunder arises from the history of the case given by the patient. In my case the woman declared positively that the tumor was in the left iliac or ovarian region.

Ledran placed a ligature around the neck of an invagination. He supposed he was ligating the pedicle of a polypus. The mistake has been repeated twice since that great surgeon's time: and will be again.

Innocent tumors of the mammary region are excised and the impression that they are malignant; yet no harm results. It is out of non-malignant cases that mountebanks obtain their cures for curing cancers.

Dislocation of the hip is frequently taken for sprain, though not by reputable surgeons. The mistake is made by those who would have their patients and friends believe in their own medical acumen. Such persons argue that if they should admit a dislocation they would thus acknowledge surgical incapacity. In the impression they commit a culpable blunder of a costly kind when sued for malpractice.

Fill up the Ranks.

Every year the Eclectic columns are depleted by death and other contingent causes; and the loss has to be made good by acceding to the demands of medical colleges. Once a chasm could be filled by taking a boy as an apprentice for a few months, letting him into the secrets of the trade, filling the saddle bags when they were empty, and grooming the "fiery and untamed steed" driven by the present the road to the profession is only through college

tioner of to-day must be a graduate from a respectable medical institution. A polluted sheepskin purchased from a gang of swindlers is under the blaze of an awakened public opinion, and is therefore worse than useless. To be in possession of such a document is like having counterfeit money on one's person,—it begets suspicion though the spurious stuff be picked up on the highway. Well, how is the real diploma to be obtained? By attending two courses of medical lectures, each embracing twenty weeks, and taken on different years; and three years of good medical instruction. The curriculum is plain,—it need not be mistaken. The course is costly, yet what is there valuable in this world—religion excepted—that is not expensive? Besides, cheap things are as a rule, worthless. An education has value in it,—a money value, to say nothing of individual standing and personal satisfaction growing out of educational acquisitions. So far as expense is concerned, let us reckon what a thorough education costs. Two years in fitting for Harvard, Yale, Columbia, or Princeton, at 300 dollars a year; four years in college at 400 dollars a year; three years in medicine at 300 dollars a year, constitute a course of nine years, at a cost of over three thousand dollars, and very few could get through for that sum. This course should begin at 15 and would end at twenty-four years of age; and that is young enough to enter the field as a medical practitioner. A diligent student with such an education enters the race of life with many chances in his favor. He does not go in handicapped, to use jockey language. However, such a costly course does not ensure success,—it is only a help to an ambitious career. Let a shorter and cheaper course be contemplated. A young man at twenty-two feels—deeply and earnestly feels—that he would like to become a physician. He does not say anything about his aspirations lest he be ridiculed; but the topic at length, by accident or boldness, becomes discussed by family connections. Cost is reckoned first: then *time* which is almost as dear as money. Where are the funds to come from? Tom—for such is the aspirant's name—has a hundred dollars, an older sister longs to see her brother advance and she offers to loan the second hundred; an uncle will put two hundred dollars into the pool on conditions, and so the contingent fund is subscribed. Tom has not much of an education,—but it can be made better. It is not necessary to go through Harvard or Yale in order to be a Greek and Latin scholar,—studious habits will make proficient scholars whether in a university or in a farmhouse. A Greek and a Latin grammar—two books that cost less than two dollars—will enable an ambitious student to acquire all the classics absolutely necessary for an ordinary practitioner. But can Tom study Latin and Greek in the three years he is to give to medicine? Yes! and his medical studies will be none the less thorough on account of the classical exercises. No medical college would reject him because he had burnt midnight oil in conjugating Latin verbs or digging at Greek roots. In fact, the faculties of medical colleges admire and court such material to make doctors.

Tom after signifying his wants and objects to the village physician, awakens the attention of the generous minded man, and obtains an invitation to study and make observations in his office. Tom boards at his

father's house, and gets along without much outlay till the term of medical lectures commences. He then takes two hundred dollars to pay dues and expenses, and matriculates. In a little while he feels confident that he can master the mysteries of the profession, and delves diligently. The term in due time is passed, and another begins; and through the favors of his home friends he plods his way through the second term. Now he is almost a doctor. He goes home and studies another year, assisting his preceptor when an opportunity offers. At length a third term is reached; and if he has paid for the other two, no additional fees are demanded, and at the end of three years from the time he first opened a medical book, he is legally a doctor of medicine, with all the honors, privileges, and franchises which pertain to the degree. He has invested five or six hundred dollars in the attainment, and he would not part with it for five thousand dollars. In fact, as the world goes, he has made the very best investment that a young man can possibly make. No financial calamity can deprive him of his possessions; and with energy he can make the investment pay a hundred per cent the first year; and a thousand per cent the tenth year. And Dr. Tom is elevated socially; he is looked upon as an educated and enterprising man. He is no longer "a hewer of wood and a drawer of water," but a professional man, an unquestioned gentleman, if he behaves himself as such.

Every practitioner who takes a lively interest in his profession and his race, ought to be awake to the importance of suggesting to some young man in his "bailiwick" the idea that he would make a good doctor, especially if he possesses the prospective qualifications of a physician. There is certainly one such subject in the area of every practitioner's labors. It requires inclination to do anything, therefore let this admonition prove a hint to the awakening of the activity. I have just said that the material is within reach, but has the subject the courage to ask whether he can make a doctor or not? Probably not. At any rate, he is too modest in most instances. On the practising physician, then, rests the responsibility of filling our ranks with good and promising men. Let no Eclectic physician fear over-production. Those of our school do the best who have brethren settled in every town in the vicinity. One makes friends and patrons for another. When anybody is crowded out it is not the Eclectic, but the obsolescent allopath. He it is who growls about a crowded profession, and engages in agricultural pursuits.

The Eclectic Medical Institute, which opens doors the first of next September, has had a large patronage in past years, and is daily receiving the assurance that larger classes are to come. Her reputation is worth money to the holder of her emblazoned parchments; her signatures and seals carry authority with them. B.

Cholera Infantum.

Two years ago I wrote as follows: "Finding the child complicated, the stomach irritable to the extent of e and the walls of the abdomen as flabby and inelastic aim at the symptoms with special medicines—I put a aconite on the head every few minutes, to allay the bra

a half drop of tincture of nux every hour, to check the nausea, and to impart a healthful tone to the stomach; and I have a turpentine liniment rubbed upon the abdomen every hour or two. The inhalation of the turpentine vapor favorably impresses the patient. The food should be well strained blackberry juice and well cooked corn starch. The child being thirsty, and water seeming to aggravate the disease, I order a weak ginger infusion, made cold and kept so, as both agreeable and curative.

"The head should be thoroughly wetted with the dilute aconite wash, and never allowed to become dry. This outward application is the best agent in the management of cerebral irritations and inflammations. No internal medicines can equal it. But a cloth should never be left on the head; it is not agreeable.

"If the gums be swollen with budding teeth, the tough covering should be incised. The simple operation can do no harm, and often does much good. Nux is intensely bitter, and acts favorably upon the peculiar state of the stomach existing in cholera infantum. Other medicines may do good, yet none can excel nux in this disease. The bowels are loose, yet no opium nor active astringent should be administered. Both actually do harm. Enemas of mushy starch and pinus canadensis will do no hurt, and may accomplish a little good.

"It does seem as if these lifeless abdominal structures could never be made to respond to enlivening agencies, yet the turpentine liniment will do a great deal of good. I put an ounce of turpentine into three ounces of olive oil, to constitute the liniment.

"It is well known that this disease is exceedingly fatal among children from six months to a year and a half old—a period in which teething constitutes an important factor in establishing morbid processes; therefore the state of the gums should be observed, and kept in a condition favorable to dental irruption."

The above constitutes the sum and substance of the editorial then written. At the time I spoke from observation and recent experience. Since that time I have passed through two seasons, treating several cases each year. Time modifies any man's medical practice, and I have modified the internal medication in some cases; perhaps for the better, yet I am not positive in regard to the matter. I certainly stick to the local applications for head and abdomen. Those agencies are worthy of all praise. The enemas of starch water and pinus canadensis may be improved upon, but in what way I am not yet satisfied.

I have given internally weak camphor water, just soured with hydrochloric acid, to good advantage in cases of persistent vomiting. Nux is not always well borne, though generally it is a valuable stomachic.

I find that scrupulous regard should be had for the diet. Several of the artificial foods possess merits, especially if they contain a small quantity of lacto-peptine. "Condensed milk," so called, should not be used. Recently I was called to advise a diet for a child six months old which had never nursed, and while teething and diarrhoeal was necessitated to take a three days' journey. I told the grandmother, who had charge of the child, to boil three quarts of fresh milk down to less than one quart, and then make the liquid thick with white sugar. This mixture was to

be sealed in three quinine bottles, and only one opened each day on the journey. The food was to be diluted to the consistence of milk, and then heated to boiling over an alcohol lamp before being taken. The child endured the diet exceedingly well, and grew no worse so far as the incipient cholera infantum was concerned. At the journey's end the infant was placed upon a diet of oatmeal starch, prepared with sugar and milk.
H.

A few Aphorisms to be considered in Cases of Alleged Insanity.

The State assumes that every person of sound mind is acquainted with the law. The head of government is forced to the assumption through the fact that otherwise an accused individual might successfully plead ignorance of the law.

There are in every community a few persons so demented that they can not understand the law, therefore they are exempt from its penalties. Such individuals are idiotic or insane.

Inasmuch as the idiotic are not variable, but constantly in a weak state of mind, and everybody recognizes the dementia, an idiot is never tried for committing a crime, though idiots often murder, commit arson, and offer insults.

An insane person often has lucid intervals, or is mentally deranged on a single topic or series of related topics, therefore all of his acquaintances and fellow men do not discover the mental unsoundness, hence the question arises whether a prisoner alleged to be insane is guilty or not, i. e., whether the accused has memory and understanding enough to appreciate the exactions of the law—to know the difference between good and bad, right and wrong, so far as the question at issue is concerned.

An accused person may understand the law pertaining to property, and therefore know it to be wrong to steal; but he might not know it was wrong to burn a school house or a church, for he might be impelled to the burning through an erroneous notion that the teaching in the school or church was injurious to the community. The man doing such burning, under such circumstances, thinks he is doing right, but he does not know, on account of delusion, the right and the wrong as rational people do. He is, in regard to the arson, insane, and therefore not amenable to the law.

A man in a violent fit of anger is partially demented for the time being, and does what he would not do in his normal state of mind; but he is not so far demented as not to know right from wrong, even in regard to the object he is excited about, consequently an angry man is not exempt from the demands of the law.

A man wild through the effects of alcoholic stimulants may imagine a fiend is doing him harm, and feel partially justified in the infliction of vengeance, yet he still knows enough to know that he is half crazy, and will acknowledge as much to a person he respects. So to be held responsible for his deeds. To release him w precedent—it would be placing a premium on drunker man in the habit of drinking learns the effects alcohol l

If it makes him fiendish, he is acquainted with the fact, and appreciates it while the liquor is going to his mouth; therefore, if not fully responsible for a criminal act when it was committed, he is to be held responsible for not ceasing to bewilder his excitable mind when he felt the delirium coming on, and was conscious of consequences.

A man may feel aggrieved over a question for years, and gradually persuade himself that the sentiment of the community is against him,—that courts and juries will not do him justice,—that to obtain equity he must take the law into his own hands, and execute it summarily. And while so thinking and acting he may commit murder; then is he responsible for the deed? I think not. The deranged mental state came on almost imperceptibly either to himself or his friends. He believed he was being injured, and was sincere in the opinion that the ordinary tribunals were so thoroughly against him that he could not attain justice in them. He had been educated in the legitimacy of self defence, and applied it to the case uppermost in his mind. According to his reasoning it was no more nor less than his right to protect his interests—to murder the man that had been seriously injuring him without the least hope of redress in the law. A man in such a state of mind committing murder is not responsible for the act, and should be acquitted when tried for the deed. But it is urged by the prosecution that he concealed the body, and tried to escape, hence he was conscious of having done wrong, and, knowing right from wrong, was consequently guilty. However, is the sequence logical? After the murder had been committed the illusion was at an end. The exciting cause was removed, and a new state of things existed. The accused is not an idiot. That dead body calls to mind that this prejudiced community will catch him, and deal with him more severely than it would with any other murderer; therefore, to escape this implacable wrath, he is impelled to secrete the *corpus delictu*, and hasten where he is unknown. Is the concealment proof of a stricken conscience? No, but of intelligence enough to comprehend the situation, and to flee from prejudiced and unreasonable neighbors. While fleeing he believes he was right in striking the fatal blow; and is conscious of impending personal violence if he be caught. He feels that his acquaintances will be unjust and revengeful enough to inflict punishment upon him.

In the consideration of such cases it is to be borne in mind that this reticent revenge which has rankled for years, has made the avenger nervous, sleepless, appetiteless, and generally restless; the feeling has depressed his spirits, and disordered every bodily function. He may be conscious of eccentricity, and talk well at times to conceal his cherished opinions and studied intentions. The fact that the man trades well, and expresses sound ideas upon topics in general, does not argue that the old grudge and prejudice are the less profound. The man is not wholly insane and irresponsible; he is, in short, mentally deranged on the topic that led him to commit murder, and should not be held accountable for the act. The community may say that he is likely to entertain similar prejudices against other people, and murder them when occasion occurs; the force of the argument being that the alleged murderer should be

hung to keep him from harming others. The answer to this is that the individual under consideration is dangerously insane, and should be incarcerated in an asylum to prevent other homicides. H.

Scopy.

In the July issue I referred to the scope and burdock burr fiasco at the "National," and intimated why Prof. Olin was vindicated. Since that publication a correspondent has sent me a photograph, and asked what it probably represented. No clue was given as to the picture's origin. Even the photographer's name and place were not on the card. As the affair was a puzzle, I began to guess what the artist might design to represent. The first idea occurring was that the picture, which is reproduced below, meant to display a barbless hook lodged in sea-tangle; then I thought the artist had endeavored to show the kink of a black snake's tail in a bunch of moss.

Microscopic representation of hooked point of burdock prickle or thorn, woven about with areolar, cellular, or developing connective tissue.

By the next day's mail I learned that the illumination represented a microscopic drawing of the hooked terminal extremity of one prickle of a burdock burr alleged to have lodged in the loose tissue between the arch of the aorta and the heart while the woman was alive. The allegation is that the burr was breathed into the mouth or nostrils, that it passed the glottis unobserved, descended the left bronchus, and then ulcerated through that pipe as if to gain entrance to the chambers of the heart. The woman died, and an autopsy disclosed the burdock burr in that strange place. The foreign body was in such a and unreasonable place that incredulous persons pre- thing was a fraud. However, Dr. Parker, who first b men into notice, is a man incapable of committing a de incurably honest.

At the time the specimen was presented to the attention of the "National," Prof. Olin became the partisan champion of the morbid condition of the "find;" and Prof. Scudder, whose "specifics" do not embrace burdock burrs, entered the ring as a scoffer—he had never known the agent as being *cardiac*. So the controversy grew heated, and culminated, as it would seem, at Chicago, where Prof. Olin challenged all the learning of the Association to dispute his position. He secured the microscopic services of Prof. Piper, and brandished his certificate defiantly at the convention. During the closing hours of the meeting, Prof. Olin evidently was ahead, and I felt like sustaining his cause. I looked at the specimen, and could swear that one part of it was a heart, and that a true burdock burr stuck in its walls. I believed so much before the Piper certificate was published. Thus the topic tumbled along like a crazily-kicked foot-ball till most quiet-minded people were tired of it. But the reptile was not dead—its tail wriggled; and from present appearances we are to have this turmoil all over again at St. Louis. Perhaps it will crowd out most other business. But no matter how the preponderance of testimony goes, I shall still feel that the 'burr and heart' are not to be sneezed at.

But I must give way for Prof. Olin's letter to Dr. L. E. Russell, of Springfield, O., who is now President of the Ohio Association. He will be granted an opportunity to speak after the champion of the burr business has had his say. If there be no fraud in Piper's picture, it is difficult to see how the hook could be buried in that delicate mesh-work without breaking a fiber. Possibly there is some fancy work in the pencil sketch. A drawing generally is an exaggeration. When I make pictures to illustrate a surgical deformity I aim to distort a little in order to enforce the lesson. A painting is never exact in detail; it always partakes something of the artist's fancy. What is seen through a microscopic lens can not be photographed, but may be sketched with a pencil and then mirrored.

CHICAGO, ILL., July 2, 1890.

L. E. RUSSELL, M. D.—*Dear Doctor*: I herewith send a photograph made from a drawing of Prof. Piper's representing one section of the burdock burr, with the fibers of tissue, as they are seen under the microscope to surround one point of the burr. This specimen was taken from the heart (which was examined by the committee) by Prof. Piper. You made the statement: "Give me a heart, burdock burr, and pocket knife, and I will duplicate it." Now I wish to request you to forward your specimen, or send me a photograph as I do you of this. If you can duplicate this you are certainly a very wonderful mechanic. I have sent sections of the heart and burr to Dr. Green of Boston, and requested him to have it thoroughly examined, then report on it. As I do not doubt your ability to duplicate this specimen, I hope you will be kind enough to send your specimen as soon as possible, and oblige your humble servant,
DR. HENRY OLIN, 126 State st., Chicago.

SPRINGFIELD, O., July 17, 1890.

MR. EDITOR—*Dear Sir*: The above letter from Prof. Olin is in the nature of a challenge for me to produce the prickle of a burdock burr in the areolar tissue of structure in the vicinity of the heart. At Chicago I jocosely declared that I could duplicate the intimate relations of the "burr and heart" then on exhibition. Not being over-confident in

my powers, I wrote to Prof. Olin after the challenge was received that I might fail; but if I did I would acknowledge the defeat. However, I set myself to the work, obtaining a fresh heart and a burdock burr, as the foundation for labor. After the animal tissue had been in alcohol a few days, I took a needle and lightened up the areolar net-work in a loose place, making a bower, as it were, clear through the structure raised. Then I pushed the cone of prickles into the bower, and carefully withdrew it a short distance. With the needle I pushed the cellular meshes among the prickles, and then I placed the specimen in alcohol for three days. This was to harden the fibrous material, and render it somewhat like the Parker production. After the preparation was well pickled I sent it to Cincinnati, placing it in the hands of a professional gentleman

Microscopic representation of two terminal and hooked points of prickles or thorns of burdock burr, entwined or enveloped in areolar tissue near the heart.

competent to do well anything he undertakes. He made sections of the preparation, examined them under a microscope, and while the specimen was under the aided eye he drew a picture of what he saw. The slide brought the points of two prickles into view, therefore two are represented in the diagram. It will be observed that the hooked points of the prickles are as much intertwined as those in the Olin and Piper production. In making this exhibit I believe I have substantially made my word good, and rebuked the somewhat insolent tone of Prof. Olin's letter.

Respectfully,

L. E. RUSSELL, M. D.

After admitting to the pages of the *Journal* the letter of Prof. Olin, and the picture of Prof. Piper, it was no more than fair that Dr. Russell should have an opportunity to place himself right on the record. This picture is quite true to nature, as far as the hooked points of the prickles of the burdock burr are concerned; and the surround is as clear as that from the hand of Piper. The hook prickles turn sharply at the point, like Russell's representation bluntly as in the Piper picture. Besides, the cuticle dotted with minute knots, and is not cylindrical, as regular and parallel lines. The Chicago microscopist has represented the curved thorn as smooth as a steel hook.

MANEKAWAH Minnsoa July the 7 1880

MR EDITOR—Seems to me you is gotten mity perticler about contribters in fact a leetle tu much so for me I sent you six pages manuscript klose writen and you *biled it down* to a few lines Now I am wanted to rite for sevral medicle jurnals and nun tretes me so

Yurs truly
NORMAN WURMS M D

The above is a bad sample of the offended. Generally contributors are as angry at being abridged as to be waste-basked altogether. One writes that if his communication needs cutting down, why were not others "curtailed," or thrown out from beginning to end. It is to be admitted that the question is pertinent, but language is inadequate for a definite reply. When he speaks about being "cur-tailed," the presumption is that he designs to be *waggish*, which is a disease *bark* will not cure.

Another correspondent writes very pleasantly, finds no fault at being cut down, yet hints that he has been a *paid* contributor for other journals, and wonders why he is not appreciated in Cincinnati. The answer respectfully is, that his article had too many words for the few ideas. The production needed boiling down; and after it had been through the evaporating process, it occupied so little space that the writer believed he had been misrepresented, when in fact he had to his credit every idea he furnished. Besides, the inexperienced contributor does not appreciate what an amount of coarsely written manuscript is crammed into a page of the Journal.

In conclusion, it is acknowledged that the Journal is in sore need of a corps of able contributors, and is deeply moved to thanks when a practitioner takes an hour or two from his business or rest, and prepares something for the benefit of our many appreciative readers. Too many are waiting for a wonderful case to report—perhaps a monstrosity of some kind. Some enterprising individual at the "National" offered a resolution in favor of establishing a *bureau* of "unique and obscure cases." Why, in medicine everything is *unique* and *obscure*. We are dealing constantly with mysteries, hence the infatuation medicine always carries with it. Let the wisest practitioner explain the phenomena of measles from beginning to end, and he will contribute novelties to professional learning. Let him explain the cause of albuminuria, why it is fatal, and why no remedy reaches it. We do not have to travel far to find unique and obscure cases, and it is doubtful whether a *bureau* will help much. H.

Buchananism.

The Associated Press agent at Philadelphia, on July 16th, let loose the following paragraph: "The doings of the National Eclectic Medical Association, which is under Buchanan's management, and sold its diplomas for five dollars," etc., etc.

Such stuff would not be noticed, except that there is now and then a person who does not know Buchanan's "National" is not our National. The former sells diplomas to fools for five dollars; the latter always has an iron-clad committee on credentials standing between the Association and scoundrels. The certificate of our National is worth holding,—that of the sheepskin Philadelphia affair is a stain on the character of the man who has it in his possession. To hold spurious money would be less suspicious and damning.

H.

"Who shall Guard the Shepherds?"

Dr. Kent, in an article on "medical education and quackery," makes one very pungent remark, which reads as follows: "There should be some legislative measure requiring a knowledge of the scholarship of professors who teach students in medicine."

Dr. Kent ought to know that a professor is above criticism, especially if he has one of Buchanan's J.L. D's, attached to his name. What' inquire into the scholarship of a professor? Kent must be crazy. If a professor is liable to have his scholarship investigated, what is the use of having one's self elevated to that dignity? Who creates professors? Well, professors are generally self-creative. They organize a college, choose a board of trustees from friendly and commonly weak timber; and then through the acquiescence of this board *appoint themselves professors*. The way to distinction is so short and cheap the wonder is that no more professors flood the country. An eastern concern with great experience in the professor making business, has improved upon the old plan—it *elects* a new corps every year, and charges the new comers from two hundred to a thousand dollars for the luxury of being dubbed Professor. Nor does the honor stop with the year—the recipient of the honor has printed on the corner of his envelopes, something as follows: "If not called for within ten days, return to Prof. Psalm Simon, M. D., L.L. D., New Jerusalem, Ky." That fixes the business. No one disputes the greatness of the man afterwards. He is an authorized professor. Then, to subject such eminence to a quiz in an inquiry into scholarship would be simply preposterous. H

Thuja Occidentalis.

In the July number of the *Journal* I called attention to the virtues of arbor vitæ tincture, as useful in the treatment of lupoid ulcers, epitheliomatous growths, warts, condylomata, etc., and foreshadowed the advantages of the medicine as an injection for the cure of hydrocele, and as a topical application to a "bulging nævus." I had such a case on hand, and was determined to test the powers of *thuja* on it. I have only had two opportunities to inject the agent into the tunica vaginalis testis for the cure of hydrocele. In one case, that of Mr. Bachman, of the city, the disease is unquestionably cured. The case from Maysville, Ky., I have heard nothing of, but shall soon. I have confidence in the discovery.

A bad wart on the face is rapidly disappearing under the daily wash of arbor vitæ tincture. Condylomata go away rapidly under the use of the agent; but as other remedies do as well the gain in that direction is inconsiderable.

A child a year and a half old, belonging to Mr. Dan. Milligan, of Covington, Ky., was born with a dangerous nævus at the bend of the left elbow. The tumefied mass grew appreciably every week and as the warm weather came on the overhanging masses began to alo orrhage was daily anticipated; and to guard against a I ordered per-chloride of iron to be kept at hand. I tying the brachial artery as a cure, but happened to topical agent. The medicine has been used three w

good has been accomplished that I feel certain of a complete cure in the course of another month. The ulcers produced by one fold or mass of *nævus* pressing against another, are healed, and the puffy vascular development is not one half as prominent as when the experiment was made.

In the treatment of *nævi* I feel that a specific has been brought out. I do not expect it will take out the scarlet color of those vascular patches called mother's mark, but that the agent will cause to shrink to insignificance those puffy *nævi* which once called for ligation of arteries. The thuja treatment is so safe and simple that a surgical operation is uncalled for, the operating surgeon loses by the discovery. H.

What is the Nature of Bacteria?

Since the introduction of Listerism into surgery our medical literature teems with words that were not known twenty-five years ago. *Bacterium* and its plural form, *bacteria*, are expressions which the ordinary practitioner of medicine uses quite flippantly, and seems to know what he is talking about. He may not have seen the real organism, but has been introduced by descriptions and illustrations.

A very elaborate article on *bacteria* is to be found in the London *Medical Times and Gazette* of Aug. 11, 1877. The material is in the form of an Address delivered before the British Medical Association, held that year at Manchester, by William Roberts, M.D., F.R.S. Quotations from this address will show what Dr. Roberts thinks in regard to the vegetable character of bacteria. The distinguished author and scientist says:

"The yeast-plant and the *bacillus subtilis* may be taken as representatives of a large class of organisms in regard to which we are only beginning to realize their vast importance in the economy of nature and in the life of man. They are the essential agents in all fermentations, decompositions, and putrefactions. We may group them together, for the convenience of description, under the general designation of *saprophytes*, a term intended to include under one heading all the organisms associated with the decomposition and decay of organic matter. The yeast-plant and its allies, and all the numerous species and varieties of bacteria belong to this group."

The *bacillus*, an organism belonging to the group of *bacteria*, resembles a rod or tube; several in near relation appear as if a glass rod had been broken into several pieces. From the above it will be seen that *bacteria* are regarded as vegetable in character, and that they closely resemble yeast-plants. It may be remarked that their cylindrical form renders it safe to say that they are "elongated cells." Prof. Huxley, in a recent discussion, said: "Bacteria are just as much plants as mushrooms or cabbages."

The above is written to explain what is to come. In the July issue of the *Chicago Medical Times* is an account of the proceedings of the National. On the afternoon of the first day, "Dr. A. J. Howe made a report on *Surgery*. He alluded to the production of bacteria, which he pronounced vegetable cells."

Now this contains no reflection in itself, but taken in connection with "Items," on the last page, it has significance. The "item" reads thus "Says the New York Graphic, 'In the Eclectic convention of physicians in session at Chicago, the other day, a learned M. D. read a paper in which he referred to the damage done by vegetable cells somewhat elongated. If he meant cucumbers, he's right. There is no meaner elongated vegetable *cell* than this.'"

The above squib, including a pun, from a non-professional paper, would not constitute an *item* worth noticing, but when a cotemporary quotes it with gusto, and triumphantly adds, "*Howe* is this, brethren?" it would seem that brother (?) Davis, of the *Times*, is one of that kind of *brethren* everybody would not be proud to own. H.

PROF. SCUDDER will return to duty the 6th of August. He sails from Liverpool the 24th of July. May the winds blow this way at that time.

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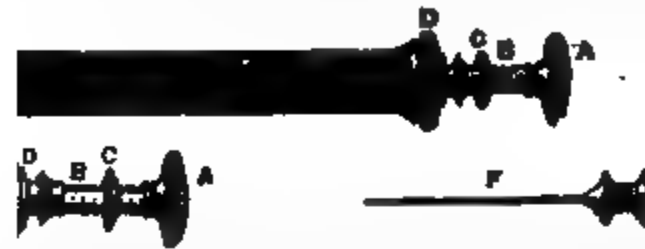
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Vol. xl.

Cincinnati, September, 1880.

No. 9.

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In connection with the history of this article, we may say, that Mr. J. U. Lloyd has given his mode of preparation to the public, and it has been copied into the Journals of Pharmacy of the highest standing throughout our country, and we hope to see it the officinal process of the next Pharmacopœia. We manufacture the L. B. Spirit of Nitrous Ether, and put it immediately into one, two or four pint bottles, and do not sell it otherwise; upon each label we give directions for testing it, and every bottle made by our house since its introduction has proved up to the standard. These tests can be made by any Physician, and will serve to show at once if SPIRIT of NITROUS ETHER is adulterated with water to any appreciable extent. We will be pleased to furnish our label giving this test to such as think they are using an impure article. If you wish this Ether, ask your Druggist to order it for you, and see that it comes in original containers. We also make the U. S. P. SPIRIT of NITROUS ETHER, and warrant it. We guarantee our make of SPIRIT of NITROUS ETHER to be free from Copper, Lead, Tin or any Metal. Address,

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REPORT OF THE COMMITTEE.

“The firm of Merrell, Thorp & Lloyd of Cincinnati, made a display of rare beauty and interest, of the bases and their salts found in *Hydrastis Canadensis*, consisting of large masses of sulphate of berberin (Hydrastin) in minute acicular crystals, pressed cakes of the impure salt, already of a remarkable clear orange color, muriate and nitrate of berberin (Hydrastin), the alkaloid hydrastia (white alkaloid) in prismatic crystals nearly an inch in length. These preparations represented the products obtained from fifteen-hundred pounds of the root.*** Podophyllin of different shades of color, as obtained from tinctures of different stages of percolation and by precipitation with pure or alum water, explaining the differences in color under which this article is found in commerce, etc.”

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ORIGINAL COMMUNICATIONS.

Art. XCIV.—*Differential Functions of the Nerves.* By Prof
J. A. JEANCON, M. D.

Sensation and motion, two of the highest attributes of animal life, are intimately connected by reason of their being the phenomena of the functions of the muscular and nervous systems conjointly, and by the intimate anatomical and physiological relationship the two systems bear to each other. The muscular system manifests the properties of the nerves; the nerves form the excitants and necessary regulators of the muscular powers.

The anatomical and physiological separation of the different elements constituting the nervous system, has only lately been brought about by means of experimental analysis. France and Germany have powerfully contributed towards its accomplishment.

The first important step in this direction was marked by the discovery of the distinct functions of the spinal nerves. Experiments made on living animals prove that the cutting through of the anterior root of a spinal nerve constantly produces paralysis of movement, while a section of a posterior root of a similar nerve causes a loss of sensation only.

Two physiologists claim the honor of having made known the distinct functions of the roots of the spinal nerves: one, Charles Bell, an Englishman; the other, Magendie, a Frenchman. About fifty years ago this discovery formed the subject of a strong and heated controversy between the adherents of these two physiologists, each side claiming the priority. The subject has only lately been definitely settled, and that in favor of both claimants, with this difference, that Charles Bell, in his work, "An idea of a new Anatomy of the Brain," develops the doctrine theoretically, while Magendie has proven it experimentally.

The discovery of the distinct functions of the spinal nerves produced a new era of progress in the physiology of the nervous system.

The sensitive nerve, the motor nerve, and the muscle, are three absolutely inseparable elements in the play of the sensitivo-motor mechanism of the living body. In order to understand how the most complex nerve phenomena depend on their elementary physiological properties, it will be necessary to trace the gradual progress which experimental physiology has made, by vivisections and careful separation of the individual manifestations of each nerve element. In the last century already, before the nerves were classified as motor and sensory, Haller undertook to prove that that special property of a nerve which he called "sensitivity," was distinct from the contractile property of a muscle, which he named "irritability." He said the properties of muscles and nerves were distinct from and independent of each other. According to his views, a nerve did not impart to a muscle its contractility, it only excited it to contraction, or caused it to perform its function.

In 1841, Longet proved in a clear and plain manner, that after the resection of the nerve of a part in a living animal, its peripheral portion dies, and ceases to be excitable, long before the muscles to which it was distributed lose their contractility.

Undoubtedly his experiments proved the distinction of the nervous from the muscular properties. But it was only by the help of poisons and of physico-chemical modifications that this independence of the two orders of qualities was proven in a clear and striking manner. Vivisection has its limits, more especially when it is necessary to isolate and differentiate the elements of the tissues of the living body; it is too gross a measure to be used. Even the microscope can only be employed in very exceptional cases for that purpose. Poisons, on the other hand, are especially adapted to this class of studies, because they penetrate with the blood into the interior of all tissues, and are capable of acting directly upon their histological elements. But in order to make the best use of this method of investigation, it is necessary to base it upon a thorough knowledge of histology, and to keep even pace with the expanded knowledge of the tissue elements.

The anatomical analysis of the nervous and muscular tissue had made enormous progress at the time when the physiological analysis of these tissues was perfected. Histology has taught that the elements of the muscles and nerves are made up of microscopic fibers or tubes. The muscular fibers, the length of which may vary considerably, differ in thickness only from .001 to .002 millimetre. This muscular fibril is formed of a tube or external elastic envelope, and an internal contractile substance. Each extremity of this tubule is attached by tendonous substance to the parts which it approaches during its shortening or contraction.

The anterior and posterior spinal roots, as well as all the nervous trunks of the body, are composed of still finer fibrils or tubes than the muscles. Their thickness varies between .00027 and .0002 millimetre; their length is relatively very considerable, extending from the nerve-center to a muscle or a sensitive portion of the body. The motor fibers are generally thicker than the sensitive, but their structure is identical. They are formed of a hyaline envelope and an internal medullary sub-

stance. In the center of this nervous tubule is an exceedingly fine filament called the axis cylinder, which constitutes the true essentially conducting part of the nervous element. The envelope and medullary substance are only its protecting parts. It is only by their origin and termination that the sensitive and motor nerves are differentiated and characterized. The axis cylinder of a motor nerve has its origin in a special nerve-cell called the motor cell. Its peripheral extremity ends in a muscular fiber, or a glandular cell, forming a particular intumescence called nervous plaque, discovered and studied by MM. Doyere, Quatrefages, and Rouget. The axis cylinder of a sensitive nerve ends, by one extremity in the nerve centrum, in a special cell, the sensory cell, and by the other, in a variety of forms, in the skin or other sensitive portion of the body. According to Mons. Ch. Robin, the sensory fibers in their track, at the level of the intervertebral ganglion, contain, at times, bipolar nervous cells. The intervertebral ganglion always contains many unipolar cells, giving rise to nerve fibers running outwards to the periphery. Within the nerve centrum the motor and sensory cells communicate with one another by means of commissures, whereby they act upon one another.

All the muscular and nerve elements in the body are nourished by and manifest their activity under the influence of chemico-physical conditions which take place in the liquid medium where they exist. Surrounded by capillary vessels, these elements come in contact with the blood, which carries to them their physiological means of living. It is the blood also which carries the toxic substances which are capable of either poisoning or destroying them, either individually or collectively. The South American poison known under the name of Curare, or Woreare, is one of the agents capable of specifically acting upon and physiologically isolating the different elements of the muscular and nervous systems. Claude Bernard was the first to show that curare is capable of separating the contractile property of muscular tissue from the motor power of a nerve. When a vertebrate animal, especially a cold-blooded vertebrate, is poisoned by a strong dose of this poison, it is found after death that the motor nerves have completely lost their physiological property. They may be irritated by means of electricity or other mechanical or chemical excitants, and no convulsion in the part to which they are distributed will be produced. The muscles, on the other hand, have preserved intact their physiological property. They will contract with great energy when directly irritated. The heart, for instance, will continue its movements when its muscles are directly irritated, but the irritation of the pneumogastric, which under ordinary circumstances suspends the beating of the heart, will not stop it after poisoning by curare, because the poison has completely destroyed the action of the pneumogastric upon the heart. This shows that the muscles and motor nerves are two distinct elements, endowed with independent qualities, as each may individually be poisoned or destroyed. In the same way as it separates the motor power of the nerve from the muscular contractile force, curare is capable of separating the motor nerve from the sensory; for this poison will only attack the fiber at its peripheral extremity, and not at its

center. When a motor nerve is separated from the spinal marrow, it may be poisoned by the curare being carried by the blood to its peripheral extremity in the muscle. On the other hand, when not separated from the spinal cord, and the poisoned blood is prevented from reaching its muscular extremity, it will not be affected, even though its origin in the spinal cord be saturated with the poisoned blood.

By ligating the muscular branches of a blood-vessel supplying a limb, one or more motor nerves may be prevented from being poisoned, and may serve to demonstrate that the sensibility will still continue to exist in those parts of the body where the motor nerves are completely paralyzed. By removing the posterior part of the sacrum of a frog, the two bundles of the lumbar nerves, which in this animal supply the posterior extremities, are uncovered. By ligating the blood-vessels going to these parts the circulation is interrupted, and the nervous communication between the body and limbs remains intact. A quantity of curare is then placed under the skin of the back, and the head, trunk, and anterior extremities are completely paralyzed, while the posterior limbs will enjoy free movement and sensibility. No amount of irritation of the peripheral extremities of the motor nerves of the affected part will cause the slightest motion anywhere; but any irritation of the sensory nerves of the same parts will be followed by a twitching of the unaffected extremities; thus showing that although the motor nerve is destroyed, the sensory nerve retains its physiological property intact.

This experiment may be repeated many times, always with the same result, even upon warm-blooded animals; only that cold-blooded vertebrates are capable of longer resisting the action of the poison without dying of asphyxia. But when artificial respiration is kept up, or by transfusion of blood into the unaffected limb, the death of the muscles or motor nerves is prevented, the experiment in warm-blooded animals will yield clearer results, on account of the possibility of observing the finer workings of the nerve phenomena in this class of animals. It will thus be seen that curare will only destroy the motor power of the motor nerve, leaving sensation and intellect in the animal quite undisturbed. It seems also to indicate that sensation and intellect are connected with the functions of such nerves as have their origin in the sensory elements.

The sensory nerve elements and muscular tissue have also their specific poisons. Claude Bernard has demonstrated that sulpho-cyanide of potassium is a direct muscular poison. There is quite a number of substances which similarly directly affect the muscular tissue, without affecting the motor nerve. Strychnia is one of the substances which affect mainly and specifically the sensory nerves. But as this poison gradually affects the whole body, it is rather difficult to isolate its action, yet with proper care it can be readily carried out. The effect of the strychnia on the sensory nerve seems to be in the central part of it; it attacks the nerve at its central portion; it is the reverse of the motor. The medullary end of the sensory nerve irritates the nerve centrum, and reacts upon the central portion of the motor nerve, and the peripheral end of the latter re-acts upon the muscle. This poison attacks, then, in both orders of nerves, the functional or active extremity. Just as the per-

ipheral extremity of a motor nerve may be prevented from being poisoned by a ligature upon the vessel supplying it with blood, a sensory nerve may in like manner be preserved by cutting off the supply of blood to its central extremity in the spinal marrow.

By cutting across the spinal marrow of a frog behind the arm, and by carefully obliterating all the branches of the aorta which supply the lumbar region, the portion of the spinal marrow below the section will be isolated from the effect of the poison. A solution of strychnia is then placed under the skin of the posterior extremities; the poison is soon absorbed, and its effect is manifested only in the anterior portion of the body. No effect whatever is produced upon the hind legs, though the blood circulates freely in the peripheral ends of both motor and sensitive nerves. The posterior extremities will, for a long time, retain their sensitiveness and their motion, while the anterior part of the body becomes immovable and insensible. In order to produce a direct effect by curare, the motor nerve must be poisoned at its peripheral extremity; to directly poison a sensitive nerve by strychnia, it must be placed at its central extremity.

It has been said above that the muscular and nerve elements obtain their means of living by their contact with the blood. When the circulation is simply suppressed, the elements necessarily die; and it may be said that they die a natural death, because no deleterious agency destroyed them. Each kind of tissue element has a special manner of death. All things being equal, the sensory nerve dies first, next the motor nerve, then the muscular tissue elements. The latter seems to be able to longer resist death by starvation. The sensory nerve, in dying, gradually loses its sensitive quality from the periphery towards the center. The motor nerve loses its motor power from the center towards the periphery.

(To be Continued.)

Art. XCV.—*Empiricism.* By J. A. MUNK, M. D., Chillicothe, Mo.

The term empiricism is commonly used to denote quackery; but I wish to use it in its better sense, signifying the acquisition of knowledge by observation and experience.

All knowledge of medicine was once empirical. The science we so much prize to day originated in empiricism. To some a knowledge of this fact may be humiliating, as they can not tolerate anything of humble origin, but it is true nevertheless. There would be no science if it were not for the contributions of experience. The truths that have thus been discovered have been collected and arranged into a system, which we call science. This was not the work of a day nor a year, but of centuries. In this attempt much of error has been mingled with the truth. Not everything that musters in the name of science is such in fact, for so-called science is ever changing, being added to or taken from until in a decade it is scarcely recognized by its best friends. What was yesterday supposed to be an established fact is to-morrow forever to be a myth—a chimera of the brain. But few facts, comparatively, have stood the test

of ages, and these surely should be prized all the more because of their stability.

Medical science, in some of its branches, has reached tolerable perfection; but as a whole it is yet far from perfect, and in no branch are its imperfections felt more than in therapeutics. As commonly taught and practised, it consists simply of a mass of "glittering generalities" that promises but little of certainty. Perhaps within the whole range of therapeutic art the nearest approach to anything like certainty is the system of "specific medication," as developed by Dr. Scudder; but even it is not an assured success, and what its future will be time alone can tell. Its infancy has been propitious, and should it successfully pass the transition period of adolescence, it may hope to reach maturity and become a fully developed and perfected system of therapeutics. However, judging the future by the past, such a result is hardly to be expected. It has always been, and doubtless ever will be, as it is now, that no two physicians will prescribe exactly alike. The use of remedies is as diverse as the men who employ them. What one prizes highly another estimates lightly, and vice versa.

The student of medicine necessarily begins with very imperfect ideas concerning the action of drugs. In his simplicity he naturally mistakes many things about which he will subsequently know better. He is fortunate indeed, if, early in his career, he learns not to take everything for granted which is presented to his notice, lest he should become involved in some life-long delusion. He should give thoughtful heed to all that he hears and reads, but regard it only as so much material for investigation, that must be subjected to proof in his own experience before he can positively know it to be true. It is better for him that he should have a few facts thus proven, than to put confidence in a mass of stuff that is trashy and useless. In the study of materia medica and therapeutics, particularly, the greatest caution is necessary to be able to discriminate correctly between facts and fancies. So much of what is thought to be valuable proves worthless, that it is not safe to accept anything on the mere endorsement of "said to be useful," though it emanates from high authority. It is the badge of old fogysm, that must be discarded before therapeutics can make any decided progress. Instead of guessing a truth it should be known before it is accepted. When thorough investigation in this branch of medicine once becomes the rule there will be less of that unquestioning faith in drugs which now so generally prevails. Thoughtful physicians realize this, and our best men no longer advocate unlimited confidence in the efficacy of drugs. They understand that if one half of all that has ever been said about the healing and life-preserving powers of any medicine were true, there would be no occasion for sickness or death in the world. The facts being to the contrary proves conclusively that remedies generally are over-rated, and their virtues greatly exaggerated. The action of any drug can not be calculated with the mathematical exactness that a mechanic will plan and build a house. The difficulties that hedge about the practice of medicine are too great to calculate the results with absolute certainty. The most that can be expected of any remedy is a *reasonable* certainty of

a good effect under favorable circumstances. Any one who claims more than this is either deceived himself, or is seeking to mislead others. The modifying circumstances affecting the result are legion, and occur in no two cases alike. Until the manifold difficulties which attend the variations of constitution, temperament, conditions, idiosyncracies, etc., are surmounted, there can be no absolute certainty in medicine.

There is another important contingency involved in this question which is generally ignored. A point is passed by the patient, which is not always discernible by the observer, and may occur at any time in the progress of the disease, where he crosses the death-line—is death-struck, so to speak—and recovery is impossible. Drugs have no more curative effect in such a case than upon a statue, and despite all that can be done the patient dies. I have seen such cases too often to be mistaken, and am from necessity settled in the conviction. I care not what the indications are at such a time, nor the remedies used, nor how well these two are matched, nothing can stay the onward march of death. There is a mystery in this which is unfathomable. The effects are seen, but the processes by which they are elaborated are a sealed book. This we know, that persons often die without adequate cause, so far as can be seen; while others are so tenacious of life that they live when it seems impossible for them to get well. It is an easy matter to assign the cause of failure in a case of death, but is it always true? The reason given is invariably accompanied by an "if." If the patient had been seen sooner; if something had been done differently; if the medicine had acted, etc. Yes, "if." That little word is a convenient excuse too often made use of by physicians, either to hide their ignorance or to evade the truth.

I am inclined to the opinion that it is not so much the mission of doctors to save life in the abstract—prevent people from dying—as it is to mitigate suffering, and shorten the duration of disease. When we remember that on an average about ninety out of every hundred sick people get well of themselves, without any medical aid, it should cause doctors to be more moderate and modest in their pretensions. Many things might be desired different from what they are, but wishing does not make them so. Things must be taken as they are, not what we would have them be, and although they can not always be made to conform to our notions, we should not deceive ourselves or remain in ignorance from convenience, but seek to know the truth, however unpalatable it may be. Experience is often a hard school, but a very useful one, in which all must learn who would make life a success.

Art. XCVI.—Treatment of Cholera Morbus. By A. J. HOWE, M. D., Cincinnati.

It is presumed that no two physicians treat cholera morbus alike; and the presumption also is that all have pretty good luck.

I do not intend to enter upon an elaborate discussion of the general indications for treatment, but will say that the disease generally arises from a disordered stomach,—from fermentation of the stomach's contents. The sour and undigested materials produce nausea and perhaps

emesis; and they also act downwards, creating liquid and painful ejections. The patient is rapidly prostrated, and the case assumes some degree of gravity.

To treat such a case well is to arrest the fermentation early, though the physician may not be called till the case is advanced, and grave complications have intervened. But, supposing the doctor is called early, let him prescribe as follows: R Camphor water, fʒii, hydrochloric acid, gtt. iv. M. Dose, half teaspoonful every ten minutes till symptoms are relieved. The above will arrest nausea, and fermentation, and indirectly will lessen discharges from bowels. However, the case may have passed to graver states; the vomiting and purging may be fearful. If so, then add a half grain of morphia to the mixture, and give as before ordered.

The morphia will lessen the pain, and the frequency of the bowel's actions, and will not be likely to increase the nausea.

Opiates are not generally needed in cholera morbus; often they do harm. Opiates often restrain the dejections when it were better if they were free. Morphia has in my hands kept flatus imprisoned in the colon when it ought to escape. Pain in the kidney, irritability of the bladder, with disposition to make water often, come from pressure of distended colon on renal plexus of nerves, and sympathetic action. Such a patient needs peppermint water and chloral till pain is subdued. To suppress the pain is to cure the disease. While such cases are recovering barrels of flatus escape. I have seen cases where the pain in the kidney, bladder, and penis were so great that chloroform had to be inhaled.

The other day I was called to a woman who had a cholera morbus turn begin in fainting, with pain in kidneys, ovary, and bladder. She had been visited by two Dutch regulars. They bled her from the arm, and leeches over the ovary. In an hour one of the *zwei* returned, and expressed his intention of phlebotomizing her again. But upon her declaring this was the first time already that she had undergone phlebotomy, she would not have it done again by any man. She did not enjoy being phlebotomized.

I gave her peppermint water and chloral; and the case got on finely.

A swallow of cold tea without milk or sugar is refreshing and may be repeated every few minutes. After some degree of recovery, a tablespoonful of hot gruel may be swallowed every quarter of an hour till it does not provoke nausea, then a half cup may be taken every two hours. While recuperation is going on an ice-cream is palatable, and generally well received.

On the second and third days, or while restoration is going on, light meals should be indulged in; and the food should be always of a kind that is well received.

Art. XC VII. — Treatment of Incipient Phthisis. By A. J. Howe, M. D., Cincinnati.

Once it gave me a feeling of displeasure when a patient suffering from incipient phthisis came under my professional care. I could do nothing but administer cough mixtures, give aromatic sulphuric acid for night

sweats, fix up inhalants, and execute a few more unimportant offices, no one of which would do any substantial good. The only satisfaction to be derived from the case was the egotistic assurance that other physicians could do no better. That was poor consolation, yet better than none.

Now I know I can do the patient some good,—I feel that I can cure the sufferer if there be no cavities, or exudations so bulky that they will or must suppurate. I put it down as a rule which has few exceptions, that lungs with ulcerative cavities in them cannot be cured. If a person be losing flesh, has an annoying cough, especially at night, a rapid pulse, high temperature, chilly creeps or shivers, indifferent appetite, and a sallow skin, the symptoms are grave. In addition, if there be night sweats, a coated tongue, (two dark stripes along its dorsal surface), enlarged lymphatics in the deep cervical region, red elevations in the back part of the throat, glassy and sunken eyes, incurvated finger nails, cherry colored veins in the front aspect of the wrists, a small and flattened chest, auburn hair, and a delicate make-up, the symptoms indicate tuberculosis of the lungs. To determine this fact beyond question, the peculiar sounds tubercular lungs give must be heard. A stethoscope is employed by some physicians to aid the ear in auscultation, but the educated ear needs the intervention of no sound conductors. The uncovered ear is placed against the thinly covered thorax with the patient in a standing posture. The healthy sound of respiration is that of a gentle murmur, as a light breeze at play among the leaves of trees in summer. A respiratory sound modified by the pressure of tubercles is thrown into jerks, and roughened to an appreciable extent. The top of left lung generally yields this jerky and rough sound first, though the right lung may be tubercularly involved earliest. The physician in making out his diagnosis should find how low down the lungs the tuberculosis extends. Having ascertained the nature and extent of the disease, treatment is next in order. The most important prescription to be written is the following: R Syrup lacto-phosphate of lime, fʒiij, Fowler's solution, fʒj, tinct. nux vom., gtt. x., M. S. Dose, half teaspoonful every three hours. The syrup should be white, and not too sour with acid. There is a great difference in the quality of the manufacture. This will restore the appetite in a few days or weeks, arrest the bodily waste, increase the weight, lessen the cough somewhat, and impart some physical vigor. The mixture, either with nux or veratrum, is to be taken for months, and perhaps years.

Night sweats are to be assaulted, first with cold sage teas; then, if they do not stop, with elixir vitriol, and finally with sulphate of atropia, about the two hundredth of a grain at a dose at night. This dose may be increased to the fiftieth of a grain, though that amount will render the throat distressingly dry in the morning.

The integument of the chest may be reddened and pustulated to advantage. Croton oil mixed with ten times as much sweet oil may constitute an irritating mixture. A very light dose of morphine may be taken twice or three times a night to allay troublesome coughs. However, no morphine or opiate is to be taken if the patient can sleep. Some inhaling apparatus will amuse the patient, but exercise no other benefi-

cial influence, let the vaporized medicament be never so subtle and promising.

The diet should be the very easiest of digestion. In the summer soups, cooked fruits, tenderly cooked chicken, and well served fish and game. In the winter thoroughly boiled and fresh pig's feet, tripe and "sweet breads." Much of the cure will depend upon a nutritious and well received diet. What one patient may relish another may disgust. Let every sick person study his own peculiarities in regard to food. No physician can always tell what kind of food a patient will thrive upon.

Art. XCVIII.—Gastric Neurosis. By J. T. KENT, M. D.

Nervous dyspepsia is a common symptom of disease, and is not the most tractable even when under the best treatment. These patients complain of fatigue and faintness at or near the usual meal time. They find it impossible to prolong physical or mental labor beyond the usual time of eating without food. Sometimes food does not supply the usual vigor commonly following a meal, but generally the stomach feels best immediately after eating. When the stomach has been over-loaded it is but an hour or two before a nervous headache appears, and is not relieved till sleep blots it out. The headache is quite sure to follow the gluttony of nervous dyspeptics.

The appetite is variable; sometimes it is strong and the gnawing compels the patient to glut himself; again, the gnawing, or desire for food is strong, but only a small amount of food can be taken. Often the patient can not eat, and still he is hungry. The power of digestion is always impaired, and eructations are common. Pain is not common, but uneasiness is a marked feature. The seat of the trouble is not in the stomach, as when the stomach trouble is not associated with other leading nervous phenomena, but it must be looked for in the nerve-centers. It is associated with other symptoms that aid in pointing out the true nature of this neurosis. When the stomach is the only source of symptoms, the case should be long questioned before pronouncing it a symptomatic condition. Again, stomach agents, like bismuth, topical agents, etc., are of little value. Some of the most troublesome headaches of my observation have emanated from bad digestion in nervous dyspeptics, and, in some, the head symptoms had completely clouded the stomach disorder. One of my patrons had been told to take long walks after meals to obviate the common headaches he had so long suffered from; but the digestion was retarded and his head trouble was more severe each time. An hour of sleep after his dinner enabled him to digest better, and it kept off the headache. He was said to be "bilious," but antibilious medicine had made him worse. General Faradisation effected a complete relief without medicine. If close inspection be made, tender spots will be found over the dorsal, or cervical region, or the scalp will be found tender to the touch.

Many of the patients have been great coffee drinkers, and they have exhausted the effect of the usual table allowance, and feel the want of more than two or three cups. I have tested these cases by giving them

momentary relief by hypodermic injections of citrate of caffein; nevertheless, these cases are eventually made worse by this agent, it however is valuable for its diagnostic help. Coffee must be withdrawn and generally tea also. Nerve tonics and Faradisation are the means for permanent relief. Bromide of potassium has a pleasant effect, and should be given in small doses in solution. Five grains three times a day will be of great service. Lupulin is of great value in wakeful patients. Pepsin should be avoided as it furnishes a substitute for secretive action, and has done great injury. The gastric follicles should be stimulated to do their own work, by the use of *alnus rubra* and *nux*. The aim must be to overcome general nervous exhaustion. The association often marks this kind of stomach disorder as a man is "known by the company he keeps." The tenderness over the spinal cord and scalp, the general nervous manifestations, such as wandering pains, neuralgia, numerous feelings of uneasiness and fears, a common feeling of exhaustion and irritability, are quite sufficient to mark this class of stomach affections.

A remarkably troublesome case has just passed from my treatment; he considers himself a well man. Central galvanization was the principal means of relief. Medical agents failed to give him even momentary relief and general Faradisation would give him but temporary benefit. The galvanic current (16 cells) was used. The anode was placed over the solar plexus and the cathode passed up and down the cervical and dorsal region of the spinal cord, also over the cervical sympathetic. He was under the influence of this current ten minutes every day for twenty days. After ten sittings he experienced no more stomach trouble. The medicinal agents he had taken may have been influential in the final result. I have noted this as an exceptional case. Faradisation is generally the more useful.

The results of this kind of stomach trouble are more intractable, and put on an appearance of primary disease of the organ, but the association of phenomena soon informs the observing physician of the incorrectness of such an opinion. The acid condition of the contents of the stomach has long produced local irritants and chronic gastritis, or ulceration may be present. These conditions are only temporarily relieved by stomach correctives. The cause is still in the nervous system, and central treatment with correctives should be held in view. Sometimes these stomach symptoms are only relieved temporarily as they depend upon incurable spinal and brain affections. The crisis gastricus of disseminated sclerosis can only find momentary relief, and must not be confounded with gastric neurosis of nervous exhaustion. The latter is perfectly amenable to agents used for relief, and the point to be held in view is, it is not a symptom of a strictly organic disease, while the former is a manifestation of an incurable organic affection. A comparison will quickly settle the matter of distinction by studying the symptoms of disseminated sclerosis. The trophic disturbances of the gastric mucous membranes are caused by abnormal changes in the fluids and pabulum by slow digestion. This trophic trouble has not been observed only in the advanced stage of long standing nervous exhaustion. When nervous exhaustion has existed a long period with its concomitant stomach weak-

ness, a reaction is finally observed to follow poor digestion, and additional nervous asthenia from lack of nutritive supply takes place. Then we notice a mental feebleness of a marked character—a mere brain exhaustion. The treatment to be rational, must begin at the nerve centers. Some years ago a patient passed through the usual history of nervous exhaustion, with gastric neurosis as a prominent feature of his disease. He finally became mentally reduced and concluded he could not eat, and refused all persuasion; he died of inanition after twelve days. It is seldom that a simple nervous dyspepsia terminates in so grave a manner; but it should not be surprising to an observer to discover that a neurosis may remain as such a long period, and by resultant nutritive disturbances, grave changes may occur.

Art. XCIX.—State Societies. By ANSON TURNER, M. D.

I feel like heartily thanking Prof. Howe, for suggesting in one of his July editorials "What Medical Societies might do." If they (State Societies) will take hold of that idea they will increase in membership very rapidly. No man can afford to stay out, and thus be behind in journal literature. The addition of the feature need not interfere with anything executed by existing customs. It will not prevent the reading of "papers," the discussion of topics of a general or special nature, nor the publication of "proceedings," if the society has any need for such a method of reaching print. A half dozen of the best journals and the circulation of a few brochures, can be obtained for fifty dollars, which is a sum that will not bankrupt any society, or abridge any of its comforts on account of cost. The expensive feature will be in postage stamps. The postage on the *London Lancet* is, I believe, three cents a week—twelve cents a month, and a dollar and a half a year. Three such journals will cost the member four dollars and fifty cents,—and his whole yearly postage not less than six dollars. That is a pretty heavy tax for a rural practitioner; but, for the money, he is enabled to take into his own hands, and read with his own eyes, the true English journal, covers, advertisements, and all. He is not forced to read extracts in re-prints, but may behold the genuine stuff, weaknesses, foibles, and sterling matter. He will read the windy discussions of the British Medical Council which meets once a year, and wastes much energy on seemingly trivial matters; yet in those meetings is set brewing what at length affects medical ethics, and medical education in the remote quarters of the globe. We all like to read what Dr. Andrew Wood says about the preliminary requirements of medical students, and what Sir William Gull has to suggest on the same topic. Who would not enjoy reading an argument of Dr. Aquilla Smith on the rank midwifery should take in a course of medical study? Not a few of us would be pleased to read what Dr. Houghton has to say about the value of Greek and Latin as essentials to a medical education, and what Mr. Simon offers in opposition. These days and days of debate do not amount to much, except to ripen the reader's understanding. The discussions are between such high minded men, and are conducted in such an elevated tone, that the reader is benefited by their perusal.

Then, in the course of the year, each of the English medical journals publishes lectures delivered by the best speakers and teachers in England, Ireland, and Scotland. The lectures are rather tedious on the whole, but they are carefully written, and authoritative so far as present practice is concerned. The very best surgeons speak, and the very best obstetricians, as well as the most successful practitioners in all branches of medical science.

The hospital reports, with numberless clinical cases described, will be a novelty to the medical man who has never seen a London medical journal. In conclusion I would say that every State Society thus far organized should set this plan for distributing or circulating foreign medical journals in motion. It is quite likely that our home journals which consider "the busy practitioner" as so much stock in trade, will oppose such enterprises on the part of State Societies, yet "the busy practitioner" will at length find it for his interest to read something besides the organ of the college at which he graduated. The introduction of the scheme will not lessen subscriptions to home journals. The man who reads most is the best patron of readable literature. The home production which is not worth shucking the wrapper will not prosper if it have everything its own way. People are careful about paying something for that which is worthless. If a home journal is worth its subscription price it will meet with all the success it deserves.

Art. C.—Venereal Treatment—A Letter Answered.

DR. HOWE—*Dear Sir*: I am located in a large town where I have considerable venereal disease to treat, and although I am quite successful in the management of such disorders, I desire to be more so; and therefore respectfully ask you to tell me how you manage venereal sores, gonorrhœa, swelled testicle, and venereal warts, as well as syphilitic sore mouth, eruptions, and falling of the hair. If you answer through the pages of the *Journal*, you may do other readers some good as well as myself.

J. N. NUNEMAKER.

Answer.—Apply to venereal sores, as a general local remedy, the borate of soda or common borax. Use a small quantity of the powder or a saturated solution. The agent produces very little pain, and destroys the virus at once. It should be applied once or twice a day; and the sores may be covered with a delicate pledget of lint. In a few days the ulcers will show a healthy action, and will heal in a week or two. If the disease be constitutional an internal medicine should be administered. Donovan's solution, one drop in water every three or four hours, will do, but I like the action of Fowler's solution in a nice syrup of lacto-phosphate of lime better. One drop of the solution in a half teaspoonful of the syrup, is a fair dose. The mixture may be so put together that the proportions shall be as indicated. As I have often said, this is the best vital stimulant ever concocted. If soft chancres do not heal satisfactorily under the topical use of borax, the internal medicine will help arouse the healing processes. The borate of soda may be used upon fissures of the mouth and ulcers of the tonsils.

Eruptions of a syphilitic nature should be treated with the above internal remedy, and topically with juniper pomade, an unguent whose constituents may be found in my work on surgery. Falling of the hair is to be checked by the use of the following prescription :

R Glycerine, rose water, aa. f3v., tinct. cantharides, Fowler's solution. aa. f3iv., M. S. Use on the scalp once a day.

Gonorrhœa is a slow and unsatisfactory disease to treat in many instances. The best injection I have ever tried is aromatic sulphuric acid—elixir vitriol, ten to fifteen drops in four ounces of water. This mixture should be injected through an efficient syringe several times a day. And the bowels should be kept in a laxative state with sulphate of magnesia. This may be covered in taste with camphor water. No other internal agent is better. The much vaunted specifics are generally damaging, though a gleet is sometimes favorably impressed with copaiba. I have been told that a weak solution of sulphate of atropia makes an excellent injection in the management of some irritable urethras. Half a grain in four ounces of water would make the solution strong enough. It is said to prevent or cure chordee.

A swelled testicle of an acute nature is to be compressed with adhesive strips. The first should be wound around the cord and upper end of the testicle; and then other strips are to follow as the gland is wrapped downward. Some short strips cover the lower end of the stone, and then the circular turns of other strips complete the wrapping. This is to be left in place for two or three days, and then taken off, and a new dressing applied. A first dressing may do, but the second insures success beyond peradventure.

The use of bougies is not to be neglected in some cases of gleet depending on stricture.

Venereal warts are cured with a solution of the chloride of zinc. Thuja officinalis tincture may do, but thus far I have found a strong solution of chloride of zinc to kill them to the bottom, to their very lowest roots.

Other treatment may do as well as that I have indicated, but I have given the best I know. H.

Art. CI.—State Boards.

PROF. SCUDDER,—*Dear Sir*: I see by the July number of your *Journal* that Prof. Howe had passed at the "National," so called, a rule that members are in favor of State Boards, "*provided* that the said boards be so organized as not to be under the majority rule of any one school of medicine." Now, that sounds very well and looks fair on paper. But do not members know that our old school brethren are a set of cheats? Look at the Tanner test in New York. The old school would not have anything to do with the affair, forsooth, because Eclectics were associated with the watching, etc. That shows the animus of allopathy everywhere. The antiquated quacks will not touch a scientific test that is made by an Eclectic. Well, let them worship their chronic idols; but let us not go into their synagogues and fall down before their images; but let us proceed as we are going, and all will be well with us. At any rate, we shall

not be cheated by them. These State Boards which are being constructed are in the interests of Allopathy, and against Eclectics and Homœopaths. If they can not get a Board legitimately created by the legislature without the help of Eclectics and Homœopaths, they will invite them in and cheat them. I am somewhat advanced in years, and have had many professional experiences with allopaths; and I am sorry to be forced to say that they have always attempted to cheat me in any transaction we were brought together in. They can not be trusted with the management of our interests; and I caution my younger brethren to beware of their snares.

The first objects of the State Boards is to shackle our medical colleges, then our practitioners. They would kill the colleges, then compel us all to go into their joss houses and prostrate ourselves.

I feel constrained to say another unpleasant truth in this connection. Our men, our professed brethren, can not always be trusted. I know how it is in our State, Illinois. The Board embraces an Eclectic, but he sees only his own interests, he is for Buncombe county all the time. He would cut the throat of a Cincinnati college of Eclectic proclivities, or one in St. Louis, quicker than he would disturb an Allopathic institution. And why? Because his pet will get more pap. I tell you self interest, grudges, and prejudices will make even an Eclectic unmanly if not downright mean.

This idea of every State building a fence around itself to keep students from attending foreign colleges is preposterous. The Allopaths in St. Louis are planning to get an act through the Missouri Legislature, which shall effectually block medical students in their wishes to take degrees out of the State. This is to help the St. Louis medical colleges. I do not believe this State Board boom will last long, but it has gone far enough to show what meanness there is in medical gentlemen! Christian gentlemen!

I hear that in Ohio, if a State Board were created, and Eclectics were in it, you in Cincinnati would not be safe, for you have a few men in the State Society of Eclectics, who would be the very first to knife you. They have been snubbed, or have not been petted sufficiently, therefore they swear vengeance against you. They would be glad to see you crushed, and whenever they can they attempt to injure you. Under such circumstances you want no State Board in Ohio. In fact, the whole business is corrupting. A Board clothes a few men with authority to annoy those they have not power to harm in their ordinary capacity, hence I am opposed to all such enterprises.

ILLINOISAN.

Art. CII.—A Few Remedies. By G. F. ADYE, M. D., Newtonville, Indiana.

Blessed Thistle.—In the last edition of *Specific Medication* I see Prof. Scudder has mentioned this remedy. My experience with blessed thistle is this: A few years ago a "medical tramp" came through here, and in conversation he mentioned that he had used blessed thistle with benefit in some cases of epilepsy. Having been treating without success a case

of that character for some time, I immediately sent to Merrell, Thorp & Lloyd for half a pound, and put half of it into a quart bottle and ordered it filled with good whisky; directed a teaspoonful to be taken four times a day. The result was the lad had one fit the day after he began the remedy, and no more for more than a year after the medicine was exhausted. The bottle was refilled with whisky a time or two. The family have ceased doctoring him, and the boy has a fit only once in a good many months, instead of several daily, as before taking the thistle. I used the other four ounces on another lad for fits with decided benefit.

Extract of Logwood.—This is one of the indispensables in my practice for those cases of diarrhea attended with copious slushy discharges that would appear to need astringents, yet where astringents accomplish nothing; and also in cases of "bloody flux" after the excitation and bloody discharges have ceased. It is combined, of course, with whatever else may be particularly indicated in the case, as with carbo-veg. when the discharges resemble prune-juice, or have an offensive odor; and sometimes with an opiate, and more rarely with sub-nit. bismuth. A dose of logwood is five to ten grains. *Blue stone*, grs. ij. to iv., with water ℥iv. one teaspoonful every four hours, alternated with the logwood prescription, is a remedy I can not do without in the cases of diarrhea above described. It is healing, and appears to aid in supplying the ozone that is wanting in such cases.

Corrosive Sublimate grs. xx., hog's lard (fresh) ℥ss., mixed and applied twice or three times a day, is the best treatment I have ever used for a carbuncle. About the third or fourth day the diseased mass can be lifted out, leaving a healthy suppurating chasm that will readily heal by a little poulticing.

I have used *Bichromate of Potash* for many years as a remedy for sore mouth, putting about twenty grains into half a glass of water, and directing it to be used as a wash, cautioning the patient not to swallow it, as it sickens the stomach.

PERISCOPE.

Treatment of Diseased Joints. By Prof. VERNEUIL, Paris.

Prof. Verneuil lately read, before the Societe de Chirurgie of Paris, an important paper on the immobilization and the mobilization of diseased joints, the following abstract of which will interest our readers. He began by declaring that "a fundamental principle of therapeutics demands, as an essential condition for recovery, *rest for the diseased organ*," and that "a principle in general physiology not less fundamental affirms that the *activity of an organ* is indispensable to its material and functional preservation;" and went on to observe that "from these embarrassing and contradictory propositions it follows that the rest which cures a disease may ultimately annihilate the organ; that the activity which keeps an organ alive may prevent its healing when diseased; and that rest and activity are equally useful, even *necessary*, and yet as equally injurious and dangerous."

Brought to bear on the treatment of arthropathies, the above propositions tend to render our therapeutics and practice undecided and confused. And thus some urge that as the prolonged fixation of a joint may so alter its structure as to lead to ankylosis, therefore we must limit the fixation to the shortest possible time; others maintain that rest, rigorous and persistent, is the best cure for an arthritis, therefore prolong the period of rest to the utmost extent, and disallow any attempt at movement. Bonnet, of Lyons, after having enclosed the diseased joints in immovable apparatus for a certain time, always took care, when the right moment seemed to have come, to commence passive movements, in order to restore suppleness to the joint.

This mixed practice seems, nowadays, to be almost universally adopted. Surgeons no doubt immobilize joints, because they have found out that it is necessary; but they are always pre-occupied by the supposed ill effects of prolonged fixation, and eagerly look out for the moment when they may recommence the movements *which are to prevent ankylosis*. Now, Prof. Verneuil said, ankylosis in fact is a ghost which frightens not only the lay public, the patients, and their friends, but also nearly all general practitioners, and not a few surgeons.

"In my practice and teaching for a long time past, I have combatted to the uttermost this idea of ankylosis and its prevention by passive movement. Perhaps my views may seem paradoxical; nevertheless I am led on to the discussion by facts. Thus a child with joint disease was recently brought to me. I applied absolute fixation to the joint. All the pain ceased, swelling disappeared, and recovery was taking place. At the end of some weeks I was asked when it would be necessary to remove the bandages and commence movements. To this I replied that the time had not yet come. Nevertheless, in a short time, the general practitioner, probably urged on by the friends, removed all the apparatus. As a consequence, the benefits then gained were lost, and the lesion progressed. The child was again brought; some excuses were made. I again ordered fixation, and the child is now in a fair way to recover."

The facts invoked against fixation are indeed very few, and only moderately conclusive. If the accusation is true, we ought to be surprised that the proofs are so uncommon. In order to discuss the subject with advantage, we must at least distinguish between healthy and diseased joints, and among the latter we must further establish varieties. First, then, as regards healthy joints, I affirm that there does not exist a single fact which shows conclusively that fixation, however long-continued, has ever led to ankylosis. This long-continued fixation may, it is true, give rise to anatomical modifications such as diminution in the extent of the articular surfaces, to a thinning of their lining cartilage, also to a reduction in size of the synovial sacs, of a less abundant synovial secretion, and to functional changes, such as stiffness of the joints and limitation of movements. Hence, not unnaturally, when the necessity for immobilization has ceased, a certain time will be required for the complete restitution of the articular function. But there is nothing in all this which at all resembles ankylosis. It is only comparable with what takes place in mucous glands which are no longer traversed either by ingesta or by

excretions: they do not become obliterated, as was taught by Richat, but simply reduced in size. Their healthy condition, however, is again established in a few weeks, or at most in a few months, when their function is once more revived. What better example could one have than the bladder in the case of a vesico-vaginal fistula? It becomes reduced to a mere pouch, but again resumes its normal capacity as soon as the fistula is closed. I am well aware that everywhere autopsies and experiments on animals are quoted; but neither one nor another have completely convinced me. I could show that the various lesions which are revealed are not in any way of the nature to lead to ankylosis, but can be attributed to other causes rather than to the fixation. On the other hand, I might mention the numberless examples of well known cases in which the joint, for a long time kept immovably fixed, has, notwithstanding, retained its structure and rapidly resumed its functions when permitted to do so. These latter facts are at least as numerous as the opposite ones, and, being more simple, are also more convincing. It is clear, either that fixation *alone* suffices to alter a joint, and then it ought always to do so, or there is need of a peculiar predisposition and a suitably prepared soil, in which latter case it behooves us to seek whether this predisposition does not play the principal role. The learned professor inclines to this latter view. He admits that at the termination of any arthritis, in the treatment of which fixation more or less prolonged has been made use of, there is a diminution, a suspension, even an abolition of movement; but does not see why this functional suppression should be attributed to fixation rather than to other causes, especially the anatomical lesions present in the joint.

Those who fear ankylosis argue that certain plastic exudations are poured out between the apposed surfaces, which, at first soft, tend to organize, and so glue these surfaces together. Fixation allows this process to proceed uncontrolled. But the synovial membrane is not alone altered; the ligaments are also infiltrated and softened. This no doubt can not be ascribed to the mere fixation, but the fixation allows the process to go on, whereas movement would certainly prevent the subsequent stiffness and shortening which otherwise are liable to come on. The cartilage may even be destroyed, and then, if fixation is carried out, the plastic matter which is deposited ossifies, and true ankylosis is effected; whereas movements would at least tend to a more or less movable joint. And moreover, the tendons are apt to get glued together within their sheaths, which is further favored by long-continued fixation.

After passing in review the varieties of arthropathy, and the difference in their tendencies, he shows that there are some which never lead to ankylosis; while in others fixation may be carried out or not, there will be some interference with movements in any case, but not an ankylosis. Impaired movement is in all cases due to the disease, and not to the fixation.

The pain of certain arthropathies gives rise to reflex muscular fixation. If moderate, this does not lead to any ill consequences; but if excessive or prolonged, if it go on to contracture, it then becomes harmful, and by bearing unduly on circumscribed portions of the bone, or

cartilages, or ligaments, it gives rise to secondary pathological changes of serious import.

In passive fixation, on the contrary, when mechanical means are used, all movements are prevented, the muscles are kept at rest, and a limb is held in its normal position.

After an examination of the various means by which immobilization is effected, he arrives at the following conclusions:—

Prolonged fixation incontestably modifies healthy joints, but not profoundly either in form or in the structure of their constituent parts, or as regards their ultimate function.

There does not exist, in scientific records, any authenticated examples of ankylosis produced in a healthy joint by mere fixation. The cases hitherto advanced in support of such an idea are capable of another interpretation. On the other hand, there are on record numerous examples of joints which have been kept immovable for long periods, and have regained their anatomical and physiological integrity.

Inflammation no doubt occupies a first place among the causes; and, as it is absolutely proved that fixation is an antiphlogistic of the first rank, it is illogical to think that it produces those effects which it is known to cure.

If, in certain cases, fixation contributes to produce ankylosis, it is not that fixation which the surgeon secures by apparatus, but rather that which is due to the contracture of the periarticular muscles. As much as the latter, which may be called *active*, favors and indeed provokes articular disorders, by so much the former, which is *passive*, is powerful against them. There is, therefore, a capital distinction to make between the two varieties of fixation.

Ankylosis, on the other hand, far from being produced in articular disease, is but a rare termination to it; exceptional in strumous arthropathies, a little more frequent in rheumatic mono-synovitis, ankylosis is especially to be feared in suppurative and traumatic arthritis, though no one variety of disease is certain to produce it.

The exaggerated fear, therefore, of ankylosis has caused many practitioners to make grave errors, and has frequently led to the too early leaving off of passive fixation, and the too premature re-commencement of movement.

Mobilization, consequent on joint disease, is of two kinds—artificial or mechanical, and natural or physiological—brought about by muscles, either voluntary or otherwise. The former, which ankylophobes use exclusively, is admissible when we have to deal with the rectification of vicious attitudes of limbs, and to treat confirmed ankyloses; but it ought to be rejected as useless, powerless, and dangerous, if we would avoid ankylosis. The latter, on the contrary, is of extreme utility if applied at an opportune moment: with time it accomplishes in a remarkable degree the restoration of the articular function.

He concludes by saying that artificial fixation on the one hand, and natural fixation on the other, are the two principal therapeutic agents in arthropathies: the one combats anatomical lesions, the other restores physiological action. We may assist the former by different means—

The great use of salicylic acid is, that by shortening the fever the risk of heart complication is lessened; and if the heart be already affected, no remedy can act better. It slows the pulse, lowers the blood-pressure, and diminishes vascular tension; the fever is controlled better than by quinine; pain is relieved better than by sedatives; no secretion is checked; the natural crisis of the disease is hastened; the subsequent anæmia is less, and the convalescence quicker, than after treatment by iron. Kidney disease, chronic or acute, is an obstacle to the free employment of salicylic acid. Other conditions may arise where a choice has to be made between the use of iron and of the salicylates; one or the other must be adopted, they can not both be used at once.

Salicylate of soda may be given to patients at all ages, and in all stages of the disease; not only is cardiac disturbance quieted, but the pulmonary congestion, meteorismus, diarrhea, and profuse perspiration of persistent rheumatic fever in debilitated persons, are relieved, and the pale urine, deficient in urea, in these prolonged cases, is soon restored to its normal quality. In acute rheumatism salicylate of soda is preferred to salicylic acid; it is readily soluble, is neither irritant nor disagreeable if well diluted, is more readily absorbed, and its effects are much more prompt, certain, and manageable. Five grains of the salt equal four grains of the acid, a sufficient dose for a child of six or eight years old; adults require three or four times this quantity. It must be given every two or three hours until we have some evidence of its action; this is to be looked for after three or four doses. When six or eight have been given in this way they need only be continued every four or six hours for another day, and can be resumed in the same way if fresh pain or fever arise. Salicylic acid must be converted into salicylate of soda in the blood before its action on rheumatic fever begins; a definite quantity of the acid can be dissolved in presence of potash, lithia, or ammonia, and be so given with or without effervescence.

Among the secondary or indirect effects of the salicylates useful in rheumatism is that of increasing the excretion of urea and favoring the elimination of uric acid. M. Germain See noticed this in chronic rheumatism; and more recently M. Marrot has shown that in the acute attack this increased excretion appears before the joint swelling subsides, and continues after the fever has fallen; so that not merely a removal of febrile waste, but a true crisis is induced, similar to what may always be observed before the termination of rheumatic fever. Another good effect is the relief of pain, either by soothing the peripheral nerves or relaxing the small vessels by acting on the vaso-motor centers. The lowered temperature is from its effect on the nerve centers, so is the tinnitus aurium. It slows the pulse and respiration, for it is a pneumogastric sedative, and tones the heart, while it lessens vascular resistance. Contrary to what is seen in other fevers, instead of the dilated vessels allowing a greater production and a greater discharge of heat, the local liberation of salicylic acid checks molecular change, and the production of heat is diminished. Further evidence of this was given in proof of the greater rapidity with which salicylic acid is disengaged and eliminated during an attack than after it is over; hence during fever a larger quan-

tity of the drug may be well borne, but its action is also more rapid, and requires to be carefully watched.

Many objections to the use of this remedy have disappeared since the dose has been more accurately determined. Less than half a drachm of the acid, or forty grains of the salicylate of soda, taken daily by a healthy man, will not produce any marked effects, but fifty grains of the acid, or a drachm of its soda salt, taken continuously for two days, will do so; the effects of one drachm of the acid taken at a single dose will also be felt for two days. Sixty grains given to a boy six years old, in typhoid fever, caused great depression for two days. A drachm of salicylate of soda given one afternoon to a young woman with rheumatic fever caused delirium, which subsided in three hours. A characteristic of nervous symptoms produced by the salicylates is that they subside quickly on discontinuing the medicine, even when during some days such quantities as 360 or 600 grains have been taken, and have produced delirium and albuminuria. Extreme effects produced by 340 grains, given in six hours by mistake to a girl at Kiel, were recovered from in ten days. Some large doses of salicin and salicylic acid, said to be harmless, were probably not all absorbed. Fifteen grains of salicylic acid is the smallest dose reported as producing nervous symptoms. Delirium occurred in two of my cases, and some deafness in one, before giving the salicylates. Symptoms of disease, such as of cerebral rheumatism and of embolism, have been attributed unjustly to salicylic acid. The continuance of extreme doses is of no service in rheumatism, and may be dangerous in typhoid or in erysipelas from pulmonary congestion being either masked or increased. —*Lancet*.

***Therapeutics of Starch Digestion.* By Dr. WILLIAM ROBERTS.**

The digestion of starch consists, as is well known, in its conversion into sugar and dextrine. By this change starch becomes soluble and diffusible, and thereby adapted for absorption, from the alimentary canal. It is further known that this conversion is effected partly by the saliva and partly by the pancreatic juice, and that the actual agent of the transformation is a special ferment contained in these secretions. As regards saliva, the ferment goes by the name of ptyalin, and is held to be identical with the diastase of malt. The corresponding pancreatic ferment has not received a distinctive name; indeed, until recently it was not thought to be a separate body; it was rather supposed that the pancreatic juice contained a single ferment which possessed manifold powers, and was able at the same time to peptonize proteids, to emulsify fats, and to convert starch into sugar. It is now, however, ascertained that these several powers correspond to separate ferments. The question has, as yet, been scarcely raised as to whether the diastatic agents of the saliva, of the pancreas, and of malts, are one and the same ferment, or whether there are not more than one—perhaps several—modifications, all capable of doing similar work. It may be regarded as probable, in view of certain recent observations, that the latter supposition will turn out to be correct.

As regards the pancreas, I have obtained evidence, which I need not here particularize, that its diastatic agent is a distinct body from that of saliva and malt. Until further inquiry it will be convenient to use the word "diastase" as a common term, signifying an anylolytic ferment—that is to say, a ferment having the power of resolving the starch molecule into more diffusible bodies of the sugar and dextrine class; and we may conveniently designate diastatic agents according to their local source as malt diastase, salivary diastase, pancreatic diastase, and so forth.

Before diastase can exercise its power the cellulose investment of the starch granule must be ruptured. This is accomplished for the human subject by the art of cooking. In boiling and baking the starch-granules break up under the combined influence of heat and moisture, and the liberated starch swells out enormously by imbibition of water into a mucilage or jelly-like mass. Unless starch is previously changed into this gelatinous state it is acted on very slowly by the diastatic ferment. It is a matter of capital importance, therefore, in the sick-room, to make sure that gruels, puddings, and other farinaceous dishes prepared for the invalid are thoroughly cooked.

Having premised so much, I pass to the consideration of the means we possess of artificially aiding the digestion of starch in cases where that process is defective from deficient diastatic power in the saliva and pancreatic juice. Unfortunately our knowledge of the defect which it is proposed to remedy is very incomplete. Something, however, we do know with fair precision. We know that in infants under three or four months old the saliva has but a feeble diastatic power. I have further ascertained the significant fact that the pancreas of suckling calves is inert on starch, and the inference is strong that the pancreas of the infant at the breast is in the same predicament. It is not probable that the diastatic power is wholly wanting in sucklings—seeing how widely this power is distributed; but it appears certain that it does not exist in sufficient amount to be available for the digestion of sensible quantities of starchy food. This being so, it is obvious that farinaceous articles are unfit food for young infants unless artificial means are used to assist their digestion. With regard to older children and adults, we possess very little exact knowledge respecting defective secretion of salivary diastase, and none at all respecting defective secretion of pancreatic diastase. We may nevertheless pretty safely conclude that whenever the mouth is dry there is diminished supply of salivary diastase. In the febrile state, in advanced stages of most organic diseases, after alcoholic excesses, and in a multitude of morbid conditions of various kinds, the mouth is dry and the saliva is scanty; and it is reasonable to infer that we shall be doing an important service to our patients so suffering by remedying this defect by artificial means.

In malted barley we have at command an unlimited supply of diastatic power, and it is not surprising that many eyes have been turned in this direction, and that many efforts have been made to utilize this resource as a means of assisting the digestion of starchy food when the supply of natural diastase is deficient. Of late renewed interest in the subject has been created by the introduction into pharmacy of a new class of malt

the right time. A better plan is to direct the patient to sip his dose of malt-extract, or of malt-infusion, as the case may be, during the progress of the meal. The object in view is to supplement the action of the saliva, and the artificial substitute should, like the natural article, be mingled with the food in the mouth so that it may have due opportunity for the performance of its destined work before its energies are checked by the rising tide of the gastric acid. Malt-extract is taken in doses of one or two dessert-spoonfuls diluted with water or milk. Malt-infusion may be taken in similar quantities and in the same way; or it may be added to the beverage which happens to be used with the meal, for it has little taste of its own. I may mention that malt-extracts, from their syrup-like consistence and flavor, are suitable for spreading on bread or toast, or for sweetening any kind of farinaceous pudding, gruel, or porridge. An effectual commingling of the ferment with the food is thus ensured.

The mode of proceeding with the malt-infusion is as follows:—A suitable gruel is prepared from wheat, or other flour, or from oatmeal, groats, pearl barley, arrowroot, or other farina. The gruel may be made with water alone, or, as is more usual, with the addition of milk or some kind of meat broth. In either case the gruel should be well boiled, and strained to separate the lumps. When the gruel or broth is cold, or at least sufficiently cool to be tolerated in the mouth, the malt-infusion is added. One tablespoonful (well mixed therewith) is sufficient to digest half a pint of gruel. The action is very rapid; in a few minutes the gruel becomes thin from the conversion of the starch. When this point is reached the food is ready for use. The only precaution to be observed in the process is to make sure that the gruel is at least sufficiently cool to be borne in the mouth before the malt-infusion is added. It is not of the least consequence if the temperature be below this point, for the transformation goes on just as well when the gruel is cold as when it is warm; whereas too high a temperature endangers the activity of the ferment, which is rendered inert at and above 157° F. The product of the action of malt on starch is not cane sugar nor grape-sugar, but maltose, which has little sweetening power. This is the reason why gruel thus digested suffers little change of taste, so little, indeed, that the addition of it to milk or broth produces scarcely any appreciable alteration of flavor.

Malt-extracts are less suited than malt-infusion for the predigestion of farinaceous aliments. Malt-extracts have a somewhat strong sweetening power, and they communicate a dingy brown color to the food; whereas the infusion adds neither adventitious taste nor color. Malt-infusion has also an enormous advantage in point of price. Malt-extracts cost three shillings a pound—the infusion can be made for three farthings a pound. The trials I have made, in actual practice, of food thus concocted, have been highly satisfactory.

I cannot take leave of this subject without adverting to an extraordinary power of extract of pancreas (*liquor pancreaticus*) as a diastatic agent. In this respect it far transcends any malt-extract. A sample, made by infusing one part of fresh pancreas with seven parts of water, was found, on trial, to possess fully twenty times the diastatic power of the above described standard malt-infusion. Pancreatic extract must

therefore be considered as taking the first rank among the available artificial aids to the digestion of starch. It may be administered for that purpose exactly in the same way as the malt-infusion, but in reduced doses. As, however, extract of pancreas has other and probably more important uses as an artificial aid to the digestion of proteid substances, I will content myself here with this brief allusion, and refer the reader who wishes further information, to a paper on digestive ferments, published by the writer in the *British Medical Journal* for 1st and 8th of last November.—*Practitioner*.

On the Treatment of Dysentery by Rectal Injections. By
W. G. KING, Esq., M. B., Surgeon I.M.D.

Dr. Houghton expresses a wish that the treatment of dysentery by bismuth injections, as recommended by him, should undergo a trial in a tropical country. I have pleasure in offering a confirmatory experience of that gentleman's estimation of this remedy under the desired circumstances.

In the course of large public practice in India, I have constantly had recourse to the exhibition of the subnitrate of bismuth, in cases of dysentery, both by the mouth and rectum. Its use by the mouth is by no means novel, the *rationale* of its action being the mechanical covering of the inflamed and ulcerated mucous membrane by a non-irritating and protecting film. Remembering that in a large proportion of cases the dysenteric mischief is situated in the lower part of the colon and rectum, I have always regarded an attempt to effect local treatment a matter of importance. In such cases benefit ensues as a result of directly curative measures; but even when an incorrect diagnosis of the chief site has been made—the actual position being higher up,—the effort to soothe the mucous membrane of the rectum, and allay spasm of the sphincter ani, amply repays the attempt by tending to the production of the *sine qua non* of rest for the diseased bowel and the patients generally. The attainment of this object is, I think, frequently much assisted by the action of bismuth used per rectum. Although I have given this remedy as an injection, simply suspended in mucilage in the case of children (or in adults where opium in some form was being administered by the mouth), my usual plan has been to combine forty grains with half a drachm of tincture of opium, and, if intolerance of ipecacuanha by the mouth was encountered, also adding two scruples of that drug. In which ever form it was prescribed, I generally directed the bowel to be washed out in as gentle a manner as possible with lukewarm water, the object being to simulate the soothing process of fomentation; to procure, for contact with the drugs, a clear surface; and, finally, to diminish the chance of loss of injection by overcoming beforehand the spasm produced on the first introduction of the tube. Meddling with the rectum in this manner may seem opposed to the object of rest by unnecessary manipulation creating spasm, but I am convinced no injurious effect is caused. Far from this being the case, careful cleansing proves of the greatest utility by removing mucous and irritating secretions which, by their presence.

excite tenesmus, a result analogous to the cessation of pain which may be witnessed after removal of a plug of tenacious mucous from the os uteri in cases of chronic metritis. Indeed, hydropathic (!) treatment of dysentery is by no means to be despised; I have seen a severe case of the acute form effectually checked by the use of the warm bath, fomentations to the abdomen, and copious warm water injections per rectum, without the use of any medicine. Two ounces of fluid, as used by Dr. Houghton, seems a somewhat smaller amount than usually desirable. As I regard the action of bismuth as merely mechanical, I attempt to give it in larger proportion—four to five ounces—so that the protecting film may be well scattered over the rectal mucous surface. This amount, if the precaution of cleansing the rectum is attended to, is, as a rule, fairly well retained.

I may also mention I have found the soothing influence of a bismuth and opium injection beneficial after the employment of injections of nitrate of silver. In all cases, however, treatment by this method has been undertaken, as with Dr. Houghton, as merely subsidiary to the use of ipecacuanha by the mouth, if practicable. In the treatment of endless cases of famine diarrhoea and dysentery encountered during the late wretched famine in Southern India, the use of bismuth in ten-grain or scruple doses, combined with compound ipecacuanha powder, proved, after an honest trial of every feasible method, to be the most reliable treatment. Given at a time when it is calculated the intestine is fairly quit of food substances, this combination at once soothes the frail atrophied mucous membrane, and affords a film which protects its surface from the action of changed and irritating secretions.—*Lancet*.

Picrotoxine and its Properties.

The introduction of picrotoxine as a remedy for that distressing night-sweating which frequently exhausts the little remaining strength of the victim of phthisis is worthy of notice.

Picrotoxine is the active principle of cocculus (*Anamirta cocculus*, the *Menispermum cocculus* of Linnæus), a plant which has been recognized as a medicine since the days of the Arabian physicians, by whom it was described under the name of *maheradsch*. This cocculus was probably first known in Europe as a poison for taking fish, which it first throws into violent irregular motion and then stupifies. All kinds of fish are killed by it; the barbel, it is said, taking the longest to die. Fish are inordinately fond of the berries, and when rendered helpless by the dose they have taken, they are readily caught. They should be removed from the water as soon as they appear on the surface, and their bellies emptied, or their flesh may become poisonous and cause irritation if eaten. In nearly all civilized countries, the use of cocculus for this purpose is illegal. Cocculus has also been used from an early period by unprincipled brewers, partly for giving beer a due degree of bitterness without the employment of hops, partly to give it "bottom" and render it more intoxicating. In an old treatise on brewing we find the following instructions. "Three pounds of cocculus Indicus to be added to ten

quarters of malt, it giving an inebriating quality which passes for strength of liquor; it also prevents the second fermentation of beer, and the bursting of bottles in warm climates." It is said to be used by thieves and bad characters for the purpose of drugging their victims.

Picrotoxine is undoubtedly worthy of a trial in obstinate cases of epilepsy, especially when the attacks occur chiefly at night. For chorea, it is recommended by no less an authority than Gubler, and, according to Tschudi and others, it is especially useful in paralysis of the sphincters. It is also employed in various forms of dyspepsia, notably when there is severe epigastric pain aggravated by pressure or by taking food. Dr. Phillips speaks of it as being of singular service when the colon is distended with flatus, and when the bowels are constipated and the motions hard and lumpy. He also recommends it for certain symptoms associated with irregular menstruation. In females of nervous temperament and of thin and delicate fabric of body, the menses are often preceded by paroxysms of colic, felt in the hypogastric region, and accompanied by more or less pain in the back and hips. This pain not only precedes the appearance of the catamenia at each period, but accompanies them for the first day or two. They are of a twisting, griping, or colicky character, and are attended by a scanty discharge or a profuse one, in either case somewhat paler than usual, and mixed with clots and shreds of membrane. The administration of two or three drops of a saturated tinct. of cocculus three or four times a day prior to the expected flow, and continued during the first two or three days of its progress, will frequently ward off the pains and render the discharge more natural.

Quite recently, Dr. Murrell has introduced picrotoxine as a remedy for the night-sweating of phthisis. He uses a 1 in 240 solution in water, and of this he gives from one to four minims three times a day, the last dose being taken at bedtime, or immediately before the time at which the perspiration usually commences. He has employed this mode of treatment at the Royal Hospital of Diseases of the chest in twenty cases, with only one failure. The sweating is usually arrested in two or three days, and there is no return for a fortnight or more. The picrotoxine is best given alone, and not in a mixture, and it has been found to succeed after oxide of zinc, belladonna, Dover's powder, and other remedies have failed. A great advantage of the treatment is that it does not make the skin too dry, but leaves it comfortably moist, whilst not unfrequently atropia seems to parch it up. The aqueous solution is apt to deposit crystals in winter, but it soon clears up on warming.—*British Medical Journal*.

Case of Retention of Feces for Twelve Months. By Dr. JAMES DUNLOP.

[A lady fifty-four years of age had been in bad health for twelve months owing to obstinate constipation.]

I introduced my oiled finger cautiously and tenderly into the rectum, half expecting that I should find a stricture due to a mass of malignant disease. Instead of a diseased mass my finger came in contact with a round smooth tumor about the size of a small cricket-ball. It was quite

movable, and I could turn it round and round in a large pouch in the rectum. I noticed that as I moved the mass about a quantity of thin greenish feculent matter with a most offensive odor escaped. As she was suffering greatly, and very nervous, I had to content myself at this visit with the examination only. I was, however, satisfied that the case was not one of malignant disease of the rectum, but only a scybalum which was lying in a large pouch of the rectum just above the anus, and that while it was retained it obstructed the solid portion of the feces, only permitting the fluids to pass from time to time along its sides. On the following day, with my fingers, aided by the handle of a spoon, I broke down the mass and removed it in pieces.

On the removal of the scybalum, which was dry, hard, and greenish in color, I washed out the rectal pouch with tepid water, and to my surprise there was ejected quite suddenly a large quantity of ill-conditioned feces which had long been pent up in the descending colon. Since then the lady has regained strength, and is now quite well.—*Med. Times and Gazette.*

The New Treatment for Cancer.

The remarkable statement made by Prof. Clay, of Birmingham, in an article on the "Treatment of Cancer by a New Method," has naturally excited great attention, and will doubtless induce hospital physicians and surgeons, and practitioners generally, to make a prompt trial of the remedy, which is declared to have achieved highly satisfactory results in the relief, if not also the *cure*, of a disease that has hitherto baffled treatment. The matter is evidently one of more than common moment to the profession and the public. It will be important to make sure that the drug employed is certainly what it professes to be. As a matter of fact, it is by no means easy to obtain Chian, or Cyprus turpentine. So long ago as the date of the publication of the earlier editions of Pereira's *Materia Medica* there was so much difficulty in procuring the substance that the profession was especially warned against the almost inevitable substitution of Venice or Canada turpentine, or some other terebinth of totally different properties, in dispensing of prescriptions, for Chian turpentine. Probably there is scarcely any of the true resin in the market at present, and only druggists who happen to possess a small forgotten store can supply it. We think it desirable to make this intimation for the sake of medical practitioners who may be anxious to try the remedy, but who are almost sure to be disappointed, unless they take more than ordinary measures to ensure accuracy. As Professor Clay stated in his paper, no other terebinth except the Chian has been known, or can be expected, to produce the effects which have followed its use in his cases. The public should also be cautioned against resorting to the remedy, without skilled medical advice and supervision; and very earnestly must they be made to understand that probably not a tithe of the medicine likely to be sold under the name of "Chian turpentine" during the next few months will be genuine. The caution given to the profession years ago by the then highest authority on the subject of pharmacy, at a time when there was no special demand for the drug, will be doubly necessary

now, when nothing but the accident of having a small reserve on hand can enable any druggist to dispense it. It only remains to add that some of the received descriptions of *Terebinthina Chia* seu *Cypria* are so faulty that identification of the genuine drug will be attended with more than ordinary difficulty. It is the gum of a tree growing thirty or thirty-five feet in height, and is obtained by cutting crosswise with a hatchet the trunks of the largest trees. The yield is very small, "not exceeding eight or ten ounces" for each tree; so that it must be obvious that the bulk of the material sold under this designation at two or three shillings a pound is not genuine. Its consistency is that of honey, but it is more glutinous. The color is greenish-yellow. It has an agreeable turpentine-like odor, combined with the odor of fennel or citron and jasmine. Its taste is very mild. By keeping it resinifies, and, we may add, loses some of its virtue. The coniferous turpentines, which do not possess its special qualities, are usually sold for it.—*Lancet*.

On Tonga: A Remedy for Neuralgia used by the Natives of the Fiji Islands. By Dr. S. RINGER, and Dr. WM MURRELL.

A few months ago Mr. Ryder, a gentleman residing in Fiji, placed this remedy in our hands with the following account:—It has been used for several centuries by the aborigines of the Fiji Islands. A European, who married the daughter of a chief, learned the secret from his father-in-law, in whose family the knowledge of the composition of this remedy had been an heirloom for upwards of two hundred years. This European gave the drug to Mr. Ryder, who requested us to test its virtues.

This gentleman tells us that the remedy consists of parts of at least two plants, whose botanical relations, however, he does not know. He has returned to Fiji, and intends sending specimens of the plants, that we may learn their natural order, &c. The parts of the plants are broken up into a coarse powder, and then wrapped up in a cover of the inner bark of the cocoa-nut tree. Mr. Ryder gave us the following directions regarding its use: "The bundle, without being unfastened, to be steeped in half a tumbler of cold water for twenty minutes, then squeeze the liquid from the bundle back again into the tumbler, and take a claret glass of the infusion three times a day, about half an hour before each meal. Dry the bundle and hang it up in a dry place to prevent its getting mouldy. It will answer for twelve months."

Mr. Ryder sent a large packet of the powder to Messrs. Allen and Hanburys, of Plough Court, City, who have prepared a liquid extract, containing one part of the drug in one part of the extract. Of this Mr. Ryder recommends a drachm three times a day. He and his friends have tried the remedy extensively, and find it most successful. He finds that it generally cures by the second or third day. In eight or ten days the pain may return, when a few additional doses permanently remove the pain. It has been used in Sydney with great success.

We have used this remedy in eight cases of neuralgia; six were promptly cured; one was much improved; in the other, after a week's trial, it failed. We give a short account of these patients.

A woman, aged twenty-three, had suffered for fourteen days from severe neuralgia of the infra-orbital and great occipital nerve. She had four severe paroxysms in the day, lasting from half an hour to an hour and a half. Many of her teeth were bad. Three doses of the extract cured her.

A woman, aged about fifty-five, had suffered from severe neuralgia for a week. The twisting dragging pain affected the supra-orbital branch of the fifth and the great occipital, and was both continuous and paroxysmal. She did not improve, though the infusion from a bag was used for a week. The bag had been used on several occasions, and possibly had become inert.

A woman suffering from neuralgia in the left great occipital nerve. Four half-drachm doses of the liquid extract cured her

A man, aged twenty-five, had suffered for a fortnight from severe bilateral neuralgia in the temple, in the eyes, and under the eyes. Half a drachm dose of the liquid extract thrice daily cured him in three days.

A woman, aged twenty, for ten days had suffered from severe neuralgia in the first and third branch of the fifth nerve. She had daily about five paroxysms, each lasting from one to two hours. A drachm of the liquid extract thrice daily cured her in three days.

A girl, aged eighteen, suffering from toothache and severe neuralgia along the lower jaw, and in front and behind the ear. Half a drachm of the liquid extract cured the neuralgia in twenty-four hours, but the toothache continued.

A man, aged sixty, who suffered from rather severe bilateral orbital neuralgia, was greatly benefited in three days by a drachm of the extract thrice daily.

A woman, forty years old, had suffered for a month with about six severe paroxysms daily of pain in the second branch of the fifth nerve. The infusion made from a bag cured her in three days.

This remedy, whilst apparently highly useful in neuralgia, produces no toxic symptoms, for we have given two half-ounce doses of the liquid extract at half an hour's interval, and repeated it again in two hours, without producing any effect beyond slight drowsiness. To another person we gave three two-drachm doses at half an hour's interval, and only produced slight drowsiness. These doses did not affect the pupil, nor increase nor lessen the secretion of the mouth or skin, neither did they affect sensation of the skin, supplied by the fifth nerve.

Tonga does not affect the pupil when topically applied to the eye; for Mr. Copley made observations on three people, and applied in each case an aqueous extract (1 in 1) to the eye, repeating the application four times at an interval of fifteen minutes, but the pupil remained unaltered.

—*Lancet.*

Antiseptic Surgery. By TIMOTHY HOLMES, Esq.

I hold it as admitted that active degenerative dangers leading to the total disorganization of a part, and perhaps to death, may take place without any access of the air and its germs; and, in some of these cases, gangrene follows and putrefaction has reached its highest limit before the mischief is exposed to the air.

The results of simpler treatment, and especially of what is called the "open method," render it very difficult to accept the germ theory. If it were true that the atmosphere is laden with these deadly germs, ought not the results of exposing a wound to the air to be not only somewhat worse, but absolutely different in kind from those of the antiseptic method? And are they so? Mr. T. Smith said that, in order to judge of the effects of antiseptic surgery, you should go, not to the well ordered and healthy hospitals of this city, but to the neglected and foul places which disgrace the medical arrangements of the continent. It was against such a doctrine as this that I tried to raise my feeble and apparently quiet ineffectual protest. Hospitals, as we know from ample experience here, can be made perfectly healthy and fit places for the treatment of all kinds of ailments, not by any special system of dressing wounds, for that can necessarily only affect the wounded, who are a minority of the population of an ordinary hospital, nor by any system of fumigation in order to neutralize the foulness of the hospital air, but by strict cleanliness and ventilation, by preventing the air from becoming foul.

The sum of the whole matter is this: There are, I believe, a very large number of practical surgeons, who, like myself, are thoroughly convinced of the value of drainage and antiseptic dressings, and who, like myself, are glad to confess their obligations to Mr. Lister's teaching; but who are not convinced by the evidence which he has up to the present time produced of the relative superiority of his own method of applying them.—*British Medical Journal*.

EDITORIAL.

Home Again.

After ten weeks of rest—if traveling eleven thousand miles can be called rest—the editor takes his old position, and commences to turn the crank. We all unite in thanks to Prof. Howe, who has made such a readable journal during the summer; but then he helps to make it readable the year round.

A rest from the monotony of professional work is a good thing, conducive to health, comfort, and length of years, and it is a great pity that all of our hard worked doctors can not have their month or two of rest every summer. Other thrifty people can go, but the doctor must jog on, or his neighbor—kind soul—will appropriate the patients. In other pursuits work may be stopped, or work delegated to some other persons, but the practice of medicine is a personal matter. Partnerships in medicine are good, because they give greater freedom, and enable one to leave work for a little time; they are bad when they bring jealousies and quarrels.

Traveling is a means of education, if a person has his eyes and ears open; it is the reverse if the person is possessed of an unusual amount of self-esteem based upon ignorance. One can even learn something in medicine during the hasty summer tour, though we would not advise it to this end. For instance:

As the good ship moves down New York bay towards the ocean, I hear a little knot of five persons discussing the matter of sea-sickness. They are rather jubilant as regards their own prospects of escape, but very fearful for their neighbors. Presently the cause of their good spirits makes its appearance in the shape of a large bottle nicely labeled, the prescription of a quite celebrated eastern physician, from which they proceed to fortify themselves. The result was a little singular—the ship had hardly touched the ocean swell when the ladies commenced to wilt, and notwithstanding the assurances of the gentlemen that the medicine never failed, they incontinently turned tail and fled, and were not seen on deck for the next six days. Before twelve hours the entire party were below. A very good thing that prescription, and about as certain as much other medicine put up after a prescription, carrying a nice label.

Small bottles containing small pellets come into view occasionally in the early stage of voyaging, and in the six trips I have made I have seen the virtues of Homœopathy pretty thoroughly tested in sea-sickness. The effect seemed absolutely *nil*, except in the case of a fat man who had too low a dilution of *tabacum*: as he emptied his stomach over the rail he sent the bottle of pellets along, with an emphatic “damn the tobacco.”

Is there no cure for sea-sickness? Not that I know of, except to throw it up and cultivate a pair of sea-legs. When a person is sick he has no interest in medicine, and when he gets over it he is interested in something to eat, and having a good time.

I am often asked how the practice of medicine in the old country compares with ours, and I answer, it is markedly in our favor. They follow the same routine from year to year, and the only improvement they make is to give *less* medicine. Like *regular* medicine in this country, the administration of “apothecaries’ stuff” is a glorious uncertainty. A few are looking in our direction after “specific medication.”

Reaching Munich I found a case anxiously awaiting me, a young man in a family we had been acquainted with. For three years the family had been dreading the coming conscription which takes every young man into the army for three years. The first of June the notice came to report at the barracks the succeeding Monday. He was in a good business, had a repugnance to army life, and the shock from the notice completely unmanned him. He was attacked with severe headache, profuse hemorrhage from the nose, which was followed by great debility. A physician was called, who prescribed ergot for the hemorrhage, but did not arrest it until the fellow was almost exsanguined—indeed it recurred up to the time I saw him. As he was weak and bloodless, he had two prescriptions of iron which he was alternating, one with gentian, the other with a stimulant. But there had been no improvement, and friends and physician were alarmed.

I put it in this way: cause, nervous shock; present condition, nervous excitement, bad sleep, fear of a fatal result, pulse small, 105, tongue small and pale. The prescriptions were—R Tinct. aconite gtt. v., tinct. pulsatilla gtt. x., water \mathfrak{z} iv.; a teaspoonful every three hours. R Triturated charcoal gr. j. three times a day. We went down through the Tyrol, and was gone eight days, and on our return found the young man

so greatly improved that he wanted to go to business, which he did the tenth day.

Met a ship acquaintance who complained of dull headache, great dizziness, so that at times he was hardly able to walk, occasional nausea, tongue constantly coated; had been feeling badly for some months. Gave him from my pocket-case a dozen podophyllin and hydrastine pills, to take one every afternoon at 3. The dozen effected a complete cure.

Why should a Student attend the Eclectic Medical Institute in preference to other Colleges?

The question has been put to me in just this form since my return, and as it is frequently repeated, I will answer it in the *Journal*. It was the question I had to solve twenty-six years ago when I attended my lectures, and the reasons which were sufficient for me then are even stronger to-day. I attended the Eclectic Medical Institute because I had seen and experienced the ill success of the so-called *regular* practice, and had seen and experienced the good results of the new. The place to learn a good thing is where it is practised and taught. I attended the Eclectic Medical Institute because it had been foremost in every good word and work, never vacillating, always onward, maintaining a good record. I attended it because it had experienced teachers, who were also the authors of the Eclectic literature, and reputable men, respected even by their opponents.

I have never as yet been able to see a reason why an Eclectic student should attend an old-school college, for he surely can not expect to learn the new practice there. I have never been able to see why he should attend an inferior college, or one where the teachers have made no reputation. And especially I have never been able to see why he should attend a school where the teaching is old-school, though they use the name "Eclectic." This is "plain language from truthful James," and something to think of.

The Neurotic Action of Medicine.

When a dose of opium is administered the prescriber assumes to know what he is about, and what effect will be produced. If a physician be asked in court what constitutes a dose of any common form of an opiate, he will not consider that he has a difficult task to perform, he will say that so many drops of laudanum constitute an ordinary dose; that so much Dover's powder is safe and efficient; that an eighth of a grain of morphia, more or less, is a legitimate and customary quantity to administer to an adult. The medical witness is then asked if what proves an ordinary dose for one person may not dangerously impress another; and he will answer in the affirmative. He is then questioned in regard to the part of the body that is impressed by opium,—is it the brain, spinal cord, or ganglionic system of nerves, that the drug imparts its peculiar qualities to. By this time the medical man has his hands full and replies as his ideas flow, saying that the first impression is that of a stupe-

fyng agent upon the stomach. The organ is benumbed by the presence of the opiate, and digests sluggishly,—perhaps so slowly that fermentation takes place, and vomiting ensues. But the liquefied opium, in some chemical form, enters the capillary vessels of the stomach and finds its way rapidly to the brain, the spinal cord, and the splanchnic system of nerves. That the latter is impressed is known by an impeded secretion of the glands, as the liver and the kidneys, and an arrested vermicular action of the intestines. That the spinal cord is impressed may be known in various ways and especially by inactivity on the part of organs supplied with nerves from that source. That the brain is narcotically impressed is known by a contracted pupil, mental exaltation—a variety of intoxication—and by drowsiness. Sleep may not be induced or provoked, but languor is sure to be felt. Well, is it to be inferred that a given quantity of opium will produce a constant and reliable effect? No, but in the majority of cases the effects are so near alike that an opinion can be expressed concerning them,—a law can be laid down governing the quantity to be prescribed without incurring censure. Having gone so far can we tell just in what way a solution of opium comes in contact with ultimate nerve particles, and lulls them into oblivious inactivity? Does the opiate impression lessen chemical activity and vital operations by checking the consumption of oxygen on the part of the fluids and tissues, and increasing the accumulation of carbon in the neural centers? At first the impression is of a stimulating character, circulation and respiration being increased, and mental action exalted; but, following the temporary exhilaration, there is soon a subsidence of activity, the mind tending to sleep, and the heart and lungs to work slowly. This is the first stage of narcotism; and if the dose of opium be large there will be an intensity of the stupefying symptoms. And if the amount of opium assimilated be dangerously large, the brain is overwhelmed, and the heart and lungs cease to act. But, while these deadly depressions are going on an antidote in the form of atropia or belladonna may be successfully administered, hypodermically or otherwise. Brown Sequard discovered this antidotal property while making some experiments with the drugs. He found that the two agents, in certain proportions, could be safely administered in larger quantities, than when either was used separately. The discovery was purely empirical, yet none the less valuable. But, did the invention clear up our knowledge of the action of drugs on the brain? Most certainly not. It led to the speculation that belladonna is a vital stimulant, or a provoker of activity on the part of the heart and lungs, yet in the ordinary practice of medicine we should not place the agent high among excitants of lung and heart action. However, enough has been learned through experiments to sustain the new theory, and place the drug in a novel place in the *materia medica*. Belladonna is as much a sedative as opium is a stimulant, therefore the two agents may antagonize each other in two different ways.

It is a fact worth considering in this connection that stimulation of the peripheral nerves will rouse activity in the neural centers. For instance flagellation is an antidote to the stupifying action of opium on the brain and spinal cord. If the skin be made to tingle with whips and

slappings, the point of greatest danger may be tided over; and if a person stupid with opium can be exercised, the lungs, skin, and visceral emunctories will carry out of the body the superfluous opiate, and thus prepare the way for recovery. Exercise and whipping then are agencies not to be despised in the management of persons overwhelmed with opium.

Alcohol is a neurotic worthy of consideration. It leaves the stomach rapidly and without digestive change, and after entering the vascular capillaries it impresses the brain quickly and palpably. The eyes grow bright in two minutes after the agent is swallowed, and the heart and lungs take on increased activity. The brain feels the exaltation, and ideas flow in a hurried manner. The tongue moves glibly, and topics press for utterance. Oxidation takes place so fast between the blood and the phosphorus of the brain that mind is elaborated at a rapid rate. Under the excitement the individual may have evolved some of the brightest thoughts, yet not the most discreet ideas. The judgment is swayed by the extravagant flow of mental essence, and grave mistakes are committed. In time the ethereal alcohol escapes by respiration and gland action, and the sedative effect of the agent has full sway. Under such circumstances the victim sleeps as profoundly as if under the influence of an opiate. Alcohol, then, is first a stimulant to the nervous system, and secondly a sedative and soporific. Heavy potations are dangerous on account of the profound sedation induced. Relief comes from escape of the agent through respiration and general elimination. Exercise and flagellation do some good. No direct antidote to the stupifying effects of alcohol is known.

Chloroform and kindred agents behave like alcohol; and profound anaesthesia is not different from drunkenness. Soporific effects from any of these agencies, are to be breathed off and eliminated. No other antidotes are known or needed.

Woorara is an agent that makes an impression on the terminal or peripheral nerves, inducing paralysis of the lower extremities. It does not affect the circulation and temperature, but will produce asphyxia through paralysis of the respiratory nerves. Woorara will produce convulsions when used hypodermically in quantities sufficient to excite the nervous centers.

Strychnia is a well known agent, but how it acts on the nerve centers is not understood as well as it ought to be. It does not disturb the cardiac nerves directly, but clonically tetanizes the respiratory muscles, causing fatal asphyxia. An animal dying from strychnia is not in pain though the limbs be severely convulsed. The poison so irritates the motor system of nerves that the muscles become continuously rigid. Occasional intermissions may be observed, though complete subsidence rarely occurs, especially if there be enough poison to kill.

The bromides act on the brain by lessening the cerebral circulation. They exert a quieting effect upon irritable and hysterical states. The bromide of lithium is the least objectionable of these salts, and is as active as the other bromides. It is given in epileptic states, and when there is cerebral congestion. It lessens seminal emissions, and sexual excitement.

Ergot contracts the capillary and larger vessels of the brain and thereby is a substitute for the bromides. Advantages have been claimed when ergot and the bromides have been combined. It has been demonstrated that belladonna, ergot, and the bromides exert similar actions upon the cerebral circulation, for they avert epilepsy, lessen the force of hysterical convulsions, and check irritability of the bladder. All have been administered satisfactorily in satyriasis and incontinence of urine. For the latter state belladonna is the most efficient. It is to be remarked that belladonna alone, of the three agents, dilates the pupil; jaborandi will also dilate the pupil, and stimulate the circulation and respiration to a moderate extent. Jaborandi and opium may be given at the same time, and then the pupil may remain unimpressed. Jaborandi is clearly a neurotic agent, whose powers are not as yet fully known. This new agent produces profuse sweating, and provokes liquid discharges from the bowels, as well as free action of the kidneys, therefore it proves a useful remedy in certain dropsical states.

Gelsemium is a valuable remedy in neuralgic states, the dose being increased from five to ten, and even twenty drops, in water, and repeated every two or three hours. While this agent is administered internally the tincture of aconite may be applied locally. If the latter be applied to the scalp with ten times as much water, in cerebral congestions and meningitis, the grandest results will be obtained. The hair should be kept wet all the time. A part of the good result comes from the cooling effects of evaporation. In this connection it is to be borne in mind that a high temperature of the brain is dangerous to life, therefore any rational agency that will cool the head will contribute to a patient's comfort and safety. Ice to the head in some heated states is not to be neglected. In the event of sunstroke the head must be reduced in temperature and kept cool. Cathartics are to be neglected, yet enemata may be encouraged.

In cases of cerebral and spinal sclerosis, with unsteady movements of the legs—lack of muscular co-ordination,—the use of jaborandi, woorara, phosphorus, and the bromides, may be commended in succession.

The employment of electricity in the treatment of neuroses is a means of fixing the attention of the patient while cures are enforced by other agencies. In some instances electricity does positive harm, and then it must be abandoned. In rare cases galvanism may accomplish substantial good, yet it fails so often when there seems to be indications for its activities, that under no circumstances can it be determined, except experimentally, when the agency should be utilized.

H.

"That Same Sweet Face."

As a notable Swedish songstress, who was about to depart from home to win fortune and fame in foreign lands, bid farewell to parents and friends, she said to her mother, "what shall I bring you when I return?" The maternal reply was, "That same sweet face." But the mother was asking for something which is flitting; she was governed by an emotion; she sighed for that which could not be. That face must change,—its

semblance could only be retained, in memory and marble. If the daughter of the Swedish matron had never returned "the same sweet face" would have been ever present, but after years of exile, of toil, of hope, of triumph, of rivalry, of disappointment, and of heart rending scenes, the features of that still lovely countenance had changed. In fact, it could not remain as it was. Time is exacting. Every year a libation must be poured forth to appease its gnawings, and many contributions do not satisfy its cravings. What did it avail, when the maiden said,

"Backward, roll backward, O Time in thy flight,
Make me a child again, just for to-night!"

The man of fifty has a face on which are written in somewhat mysterious hieroglyphics, the character of the individual. If the possessor of the countenance chiselled by half a century of time, have lived a spiritual, intellectual and moral life, that face is a study for the painter and the sculptor; but if the owner has indulged in stormy passions, partaken of bloating and gluttonous drinks and foods, and cultivated selfish propensities, the features of such a face beget aversion in the mind of the beholder.

It has been eloquently declared that every man is the architect of his fortune; it might as truthfully be said that every man is the carver of his own facial expression. If a man wear a severe look he has cultivated that tone of countenance. It never came by accident, nor grew carelessly like a weed. An habitual face is the work of years. That disappointed maiden of fifty never acquired a hateful visage in thinking and wishing well of her neighbors; and old "vinegar nose," around the corner, never obtained that woeful countenance while doing good to the feeble and unfortunate.

The good Mrs. Bountiful did not stamp that lovable face of hers with benign expressions while trying to pull down a rival, or somebody enjoying prosperity. Her smile is a perpetual benediction. Every body that meets her looks happy.

The reverend Holly has the expression which the coal heaver would pronounce "Apostolic," yet how was that facial expression obtained? Why, it was secured during long years of divine thoughts and noble actions. A right minded man has been limning that face for a long time. That serene beauty never came by chance,—it was attained little by little, and is a marvel of excellence.

Canova said he could not appreciate the beautiful in the world till he had made it a study for years. We are not critics of human faces till we have had great opportunities to study character in its various aspects. A keen detective at a crowded fair will catch a glimpse of every pick-pocket present, though he may not catch one in the thieving act. He has cultivated an acuteness for the special work. On the other hand, the experienced thief recognizes the detective at once and avoids meeting him.

The profession a man pursues leaves its marks upon the possessor. The average physician can be pointed out on a crowded thoroughfare; the attorney need not have his green bag with him in order to have his vocation known; or need the clergyman wear a white neckerchief in order to be recognized in his true sphere.

The physiognomy of avocation is well understood and everywhere acknowledged. If a physician would be regarded as an earnest, honest, conscientious man he must cultivate those qualities of head and heart. If a common place doctor thinks he will succeed by thinking and talking ill of his competitors he will find at length what a grave mistake he has made. If a crusty old physician thinks he can crush that studious, polite, and genial young doctor who has had the hardihood to settle in town, he will egregiously blunder. People have been tired of the old curmudgeon for years, and are delighted with the idea of making a flattering change.

Lately I met on the street a woman clad in sable weeds, and with a face plainly stamped with despair. Ten years ago that face and form were divine. What had wrought the change? Thank heaven, she had no mother to ask for "the same sweet face." The original loveliness had nearly all disappeared. The figure was still slight, and the drapery threadbare genteel. From a friend I learned that the girl married a handsome choir singer, and a speculator in precarious wares. Drink brutalized what manhood there ever was in him; and he beat his poor wife for his bad luck and ill fortunes. The death of a beloved child, sickness, and poverty, drove the woman mad with disappointment and hopelessness. In a few years that once beautiful face was fixed and furrowed like the countenance of a maniac. Can lovely features be made to take the place of those so woe-begone? No, time never rolls backward in its flight. Hope and an agreeable change of circumstances would do something towards restoring cheerful features, yet the same sweet face will never return.

But, what is to compensate for this loss of youthful comeliness? Are our faces to be agreeable only in youth? Let us see. Mrs. Linneman, a lady of fifty in our acquaintance, does not appear old, even to children. Her features are those of a cultivated woman; her posture is superb; her general presence is gentle, winning, and commanding. Her face is expressive of matronly goodness, kindness, and grace. Was that face ever so handsome before in her life? Probably not. As a girl she may have been beautiful, but as she lost a feature of mere physical beauty, she gained its equivalent in spiritual charms; and as years rolled by the changes necessarily occurring were not against her, but in her favor. Her womanly graces are not less admired than were her youthful attractions.

The stately gentleman on our streets was said to be handsome when he was twenty-five; he is fifty now, yet he is still handsome,—everybody acknowledges it. That head, face, neck, and shoulders all combine to display the portraiture of a man. Those eyes kindle with light almost divine. There is an intellectual halo emanating from that head. It is not the brazen aureola painters have thrown around the head of Christ and the Virgin, but it is appreciable, and actively impresses the beholder. How was that wonderful face obtained? The handsome youth of twenty has no such attraction,—his is all physical,—it cost no effort,—it is what time effaces; but that scholarly and cultivated countenance exhibited by the man of fifty or sixty, or even seventy, is a work of art. It is worthy of study; and the more it is observed the more it is admired. In that

maturity of manly beauty are peace, plenty, and assurance. The student in science or morals may show premature wrinkles, but these lines are not repulsive,—they seem to be the etchings of elves engaged in the portrayal of expression. The face as a whole may exhibit the marks of care and sorrow, but they do not detract from the interest centering there. The man of fifty who has not passed through solemnizing scenes, who has not been chastened by untoward events, is a phenomenon, and not representative.

I will not depict a face of fifty, wrung with misfortune, pinched with selfishness, and warped by avarice. Such visages are common as clods, and need no delineation. Cultivated faces alone are worthy of study, for they show a subjugation of the lower instincts, and an heroic forcing to the front of the highest intellectual and moral qualities. A fine face costs a lifetime of good thinking and well-doing; bad features are the result of passive negligence. The lesson intended to be enforced by these desultory remarks, is that a person can, by cultivating the mind, have depicted in the face grace and sweetness; or by neglect or indulgence, display a visage distorted with tares and furrowed with scars. In other words, every individual is largely responsible for facial expression. The juvenile feature is the sport of time, but the beauty of the mature face is a work of artistic elaboration, the soul officiating as the divine limner.

H.

A Phase of Ataxia.

Dr. Weir Mitchell, in the *Phila. Med. Times*, recently gave some clinical notes on "sclerosis" of the spinal cord, in which he declares that the disease may be temporarily mitigated, but never cured. He advises an experimental visit to the Arkansas Hot Springs, but seemingly with no hope of permanent relief. Incidentally the clinician remarks that "the regulation of *sexual hygiene* is of importance. Some observers ascribe a large proportion of cases to excess, and many ataxics confess to over-indulgence; but as an incessant sexual appetite is one of the first signs of the onset of the disease, the effect may be readily mistaken for a cause. In a few cases the loss of virile power comes very early, and is well marked; but many ataxics have children after their disease is well developed, and even the paralytic stage may be reached without loss of virility. Most ataxics are positive as to the bad results which they observe after intercourse, and there is probably nothing in which more care is required than this. Intercourse is absolutely proscribed by some practitioners in all cases, but it is better to be guided by a study of individual patients. When sexual intercourse is injurious, it is usually no doubtful injury, being followed by nightly pollutions, a sense of exhaustion, pains in the loins, and sometimes neuralgia. As the case advances the utmost care is required for the *bladder*, which sooner or later becomes feeble, a low type of cystitis ensuing."

The above is interesting reading for those practitioners who have on hand cases of partial paralysis in which the locomotive powers are disturbed in an ataxic manner, inability to walk well being the first warning symptom. Such patients may have noticed teasing desires of a sex-

ual nature before a clumsy condition of the legs came on, yet not have regarded the annoyance as evidence of disease. I have regarded irritability of the urinary tract as the foundation of the sexual excitement, irritation of the urinary mucous surfaces extending into the seminal conduits. The origin of the spinal affection is often remotely syphilitic, and the effect on the cord can only be reached by large doses of iodide of potassium. When this remedy fails to give relief all other agents cease to favorably impress. The bromide of lithium in large doses may lessen the exalted sexual desire, and restrain exhaustive emissions, but there is nothing curative in the agent. Lupulin in large doses has afforded temporary relief when both bladder and prostate were irritable. Opiated enemata impress the most favorably, and do little harm. If constipation prove an annoyance, water is to be used with a syringe till a fecal evacuation is provoked. Sexual intercourse does no good so far as alleviating desires, and the seminal loss is quite depressing to the general organism.

The cause of the erotic emotions is not in the rachitic sclerosis, but is reflex from erythism of the seminal channels. I have had two of these ataxies on my professional hands during the year past, and they gave me an opportunity to observe the distinction between causes and effects. Both were annoyed with sexual desires, and one was continent while the other indulged inordinately. The abstemious party obtained rest from the effects of laudanum and starch injections; and the lascivious individual raved in delirious excitement. Both are now dead, a urinary trouble wearing them out. Both were quite prostrated, physically and mentally, for the last three months of their lives. In brief, the disease was progressive from the beginning to the end, and the medication was only palliative.

H.

Another Malformation.

This time Dr. Tustison, of Cherry Point City, Ills., sends me a six months foetus, which was stumbled upon in his practice, and concerning which he wants light. It is an extensive spina bifida, there being no well defined vertebræ from ilia to ribs. From an injury or a shock to the mother the foetus had perverted development, and when nature runs crooked nobody can conjecture where the crone will bring up. The meninges of the spinal cord having no osseous support, bagged and formed a tumor posteriorly. The placenta was all right, but a very short cord was covered in a slovenly manner. The walls of the belly were open, so that the umbilical vein and the hypogastric arteries were plainly visible; liver all right, also spleen, kidneys, and intestines. There was a scrotum, and a defectively developed penis, with no urethra and no anal outlet.

Such specimens possess a certain degree of interest, but are of very little use, except to those who stare at monsters because they are such. I always had an aversion to nature on a spree, or culpably stupid. I admire her when she works well, and not when she runs wild, kicking about like a top nearly spent.

H.

Venereal Perplexity.

"PROF. HOWE—*Dear Sir*: Toward the close of last February I was afflicted with what my physician called soft chancre. The symptoms were visible on the sixth day after being exposed. The sores were six in number, red and cup-shaped. The doctor cauterized them, and they healed in a little over a week; and I experienced no further trouble until the 20th of May following, when several little blisters raised on the side of the penis, and in a short time broke and formed ulcers. If constitutional effects do not arise from soft chancre, what is the meaning of the latter symptoms? The physician teaching me says I have secondary syphilis."

The above letter from (perhaps) a medical student drew out the following reply:—The party you speak of took two kinds of venereal disease at the same time: one was chancroid, a local disease, and cured with topical applications; the other was some phase of constitutional disease, perhaps just passing into secondary forms. Possibly it was taken without a visible initial lesion, and may prove a mild form of general syphilis. Such combinations perplex the inexperienced. H.

Desertion of Prof. H. D. Garrison.

It will surprise our readers to learn that Prof. H. D. Garrison, of Chicago, has publicly renounced his association with Eclectic physicians, and that Bennett College has lost its bright and shining light. The following card tells the story:

CHICAGO, May 21.—Observing that my name was used in your issue of the 20th as a member of a committee of Eclectic physicians of this city. I feel impelled to publicly state that I do not wish to be longer regarded as belonging to any particular school or party in medicine.

The original and cardinal doctrines of the Eclectic branch of the medical profession—viz., opposition to general blood-letting and other depletory measures, and to the use of mercurials, antimonials, arsenicals, and preparations of lead, for their constitutional effects—have been so fully indorsed and practically accepted by the regular (allopathic) school of medicine that I consider further partisan strife in this respect as unwarranted by either the interests of science or humanity.

On the other hand, the numerous remedies introduced by Eclectics have been so generally tried and adopted by all schools of practice, that I perceive no reason for further special efforts in this direction.

It is true that, as a rule, the introduction of these remedies has not been credited up in medical literature to those who were really deserving of whatever credit was due; but if the mercilessly exact judgment of advancing science shall pronounce many of them to have been as much overrated as I now believe they are, the present just cause of complaint in this regard may become a matter of congratulation.—*Chicago Tribune*.

A good Methodist brother was asked why Jones, a new member who had recently been caught in very worldly acts had backslid, and he answered that Jones had never fully experienced a change of heart. So with our old friend Garrison; he was a chemist, not a physician, and had no experience in practical medicine where the difference was to be found. When charged with weakness in the faith, he and others expressed much indignation, and said that we persecuted them; and now we answer with the old woman, "I told you so."

The Philadelphia Nastiness.

We have received the accounts of the dirty doings of Buchanan's and of Paine's colleges, with the published list of graduates, who have to bear part of the ignominy, and must confess that we feel sorry for many who thus find themselves in bad company. A large number have gone to Philadelphia with the honest purpose of obtaining a medical education, and have attended lectures and passed examinations, but are now ranked with the meanest and most gullible of persons—diploma buyers. Up to 1872 they had something like a reputable college, though we have not been able to recognize it for fifteen years. From 1850 to 1864 it did very creditable work.

What shall the honest graduates of these colleges do? I see nothing better than for them to burn their diplomas, deny all association with Philadelphia, and attend a course of lectures in some reputable college, and take their degree. For ourselves we say that those who have attended their full course of lectures will be allowed to pass their examinations and take their degree, by attending one session.

Thomas Jefferson on Regular Medicine.

Men on the outside of the profession can frequently see its errors better than those on the inside. They are free from class prejudices, they have no interests at stake, no authorities to venerate and defend, no living to make by it. It cannot be said that they are not qualified to judge of medical success because they have not a medical education, for if persons of good common sense, they are better able to judge than many physicians. Besides educated men and women, very frequently know enough of physiology, hygiene, and medicine, to form an intelligent opinion of the causes, progress, and terminations of disease.

Thomas Jefferson was a man of broad culture, of close observation, and of admitted good judgment, and his opinion should have weight, as to the practice of medicine in the beginning of this century. I am sure it will be read with a great deal of interest.

"We know, from what we see and feel, that the animal body is, in its organs and functions, subject to derangement, inducing pain and tending to its destruction. In this disordered state, we observe nature providing for the re-establishment of order, by exciting some salutary evacuation of the morbid matter, or by some other operation, which escapes our imperfect senses and researches. She brings on a crisis by stools, vomiting, sweat, urine, expectoration, &c., which for the most part ends in the restoration of healthy action. Experience has taught us also, that there are certain substances, by which, applied to the living body, internally or externally, we can, at will, produce the same evacuations, and thus do, in a short time, what nature would do but slowly, and do effectually, what perhaps she would not have strength to accomplish. Where, then, we have seen a disease characterized by specific signs or phenomena, and relieved by a certain *natural* evacuation or process, whenever that disease occurs under the same appearances, we may reasonably count on pro-

ducing a solution of it, by the use of such substances as we have found, by *experience*, to produce the same evacuation or movement. Thus, fullness of the stomach, we can always relieve by emetics; diseases of the bowels, by purgatives, &c. Here then the judicious, the moral, the humane physician, should stop. But the adventurous physician goes on, and substitutes presumption for knowledge. From the scanty field of what is known, he launches into the boundless regions of what is unknown. He establishes for his guide, some fanciful theory, of corpuscular attraction, of chemical agency, of mechanical powers, of stimuli, of irritability accumulated or exhausted, of depletion by the lancet, and repletion by mercury or some other ingenious dream, which lets him into all nature's secrets, at short hand. On the principle which he thus assumes, he forms his table of nosology, arranges his diseases into families, and extends his curative treatment, (says he,) by analogy, to all he has thus arbitrarily marshaled together.

"It is in this part of medicine, I wish to see a reform; an abandonment of hypothesis for sober *facts*. The *first* degree of value set on *clinical observation*, and the *lowest* on *visionary theories*. I would wish the young practitioner, especially, to have deeply impressed on his mind the real limits of his art.

"The only sure foundations of medicine are an intimate knowledge of the human body, and *observation* of the effects of medicinal substances on that. The anatomical and clinical schools, therefore, are those in which the young physician should be formed. If he enters with innocence, that of the *theory* of medicine, it is scarcely *possible* that he should come out *untainted* with *error*. His mind must be strong *indeed*, if rising above juvenile credulity, he can maintain a wise infidelity against the authority of his instructors, and the bewitching delusions of their theories. I hope and believe, that it is from this side of the Atlantic, that Europe, which has taught us so many other things, will be led into sound principles in this branch of science, the most important of *all* others, being that to which we commit the care of health and life."—*Let. to Dr. Wistar.*

Modifying the Code of Ethics.

Our *regular* friends seem to be somewhat exercised over their rigid code of ethics, which binds them a little too closely at times. In some things they have made it more stringent, as in the rule of the associated medical colleges—"no allowance shall be made for time spent in reading with an irregular practitioner." "No association with irregulars" is insisted upon—but boards of health are excepted because it requires the assistance of Eclectics, and Homœopaths to pass the laws, and they are allowed a representation. The University of Michigan (medical department) has had trouble, because the regular faculty lectured to homœopathic students, and homœopathic professors were also engaged in teaching. On this account an endeavor was made to have this school debarred from fellowship by the American Medical Association.

Writing with reference to this, the New York Medical Record makes the following pertinent remarks:

"The thinking and progressive men of the profession have long ago decided that medicine is a liberal profession, and that it can lose nothing by allowing its light to shine anywhere and everywhere. The mere fact that a student is likely to become a homœopath or eclectic has nothing whatever to do with his medical teacher, and the Association has no power, legally, morally, or ethically, of calling to account any such teacher, or any school to which he may belong. The Association has really no more to do with a graduate's belief in the action of medicine than it has with his belief in any particular form of religion. Any man can use his knowledge as he sees fit, provided, by the exercise of such a privilege, he does nothing contrary to the laws of the land. It is the height of presumption, for even the American Medical Association, to declare that, unless a man promises to use the knowledge he may receive in a particular way, he shall not be educated. But it is useless to pursue the subject, inasmuch as the defeat of the proposed amendment is a foregone conclusion."

A Brother and Sister Married.

On the evening of July 1st, at Harrison, O., the son and daughter of Dr. M. L. Thomas, were married in church, in the presence of a host of witnesses; and no one protested against the novel procedure. The son who recently graduated at the Eclectic Medical Institute, and bore off as a prize, the gold medal, subscribed to the nuptial contract unblushingly; and the daughter, modest though she be, did not appear as if conscious of committing a misdemeanor. In fact, the two seemed entirely satisfied with the marital relation formally and religiously entered upon. Of course the brother and sister did not marry each other, but Miss Mina wedded Rev. J. S. Bitter, and Dr. Rolla married Miss Sallie Cook, making what is properly called a "double wedding." Mina will make a pattern ministers' wife; and our Rolla has secured for life the finest Cook in the world. May they all live long and prosper. H.

I must Tell It.

ED. JOURNAL:—I presume that all your readers, especially those who belong to the National Eclectic Medical Association, have seen Dr. Wilder, the thin-visaged, cadaverous-appearing, but keen-eyed Secretary of the society. It was while standing beside Dr. Tanner, the starvist, in Clarendon Hall, N. Y., one day, that an old lady entered the room for the purpose of having a good look at the self-imposed martyr, and offering him her sympathy. Her wandering eye caught the spare form of Dr. Wilder, and approaching him cautiously and noiselessly, grasped his hand, with this remark: "My dear doctor, you are starving yourself to death; how long is it since you have eaten? you are so thin, you look as though your time had about come." The usually modest Secretary assured her that he "dined largely on eggs every day, and was happy to inform her that, notwithstanding his appearance, he was not the man she supposed he was."

SPRINGSTEEN.

The Eclectic Medical Institute.

The prospects for a large class were never better, and the faculty have never felt more like thorough teaching. The college year is forty weeks, commencing Sept. 1st. This is divided into two full sessions of twenty weeks, each counting in graduation. Students who can not get in at the first of the winter session, are allowed to complete their full time the second session. Every facility is offered for a higher education, and the student is allowed to attend as long as he chooses for the fees of two sessions. Anatomical material will be abundant and cheap, (an abundance now in the house), and we have the best anatomical teacher in the West (Prof. E. Freeman). Those who want a thorough medical education—Eclectic—should be on hand at the commencement of the winter term.

BOOK NOTICES.

SUPPLEMENT TO THE AMERICAN DISPENSATORY. By Prof. JOHN KING, M. D., and Prof. JOHN U. LLOYD, of the Eclectic Medical Institute.

The readers of the *Journal* have been informed that Profs. King and Lloyd were engaged upon a *Supplement* to the American Dispensatory, and now the work is issued. There are 200 pages of closely printed matter, and over a hundred new medicinal agents are described, depicted and discussed. I do not pretend to be able to review each agent, and to criticise the work as it stands; but I have read enough of it to know that some of it is excellent, and I commend the remainder on the high reputations of the authors.

The illustrations are original and creditable to the makers; and I observe that some of the pictures are necessary to enable the reader to draw distinctions between the varieties of some plants. In these days of diffusion it is especially important to define species in botany, and the therapist finds it necessary to recognize what constitutes variety.

I will leave the chemistry and pharmacy of the Supplement to the industry and integrity of Prof. Lloyd. His ambition to be accurate, I guarantee has carried his part safely through. The therapeutics of the work must be valuable, because they have passed the critical revision of the best therapeutical scholar, compiler, and writer in the country. Prof. King elucidates to a conspicuous extent every topic he touches. This supplement of remedies that have lately come into notice, is a royal piece of work, which the progressive spirit of the times demanded. It is to be bound with future editions of the American Dispensatory, but may be kept as a separate book by those who have the last edition of the parent work.

The American Dispensatory was unanimously accepted by the National Eclectic Medical Association, convened at Cleveland in 1879, as authority for Eclectics—an act entirely unexpected and unsolicited by the author; and if we may judge of what future editions will be from the present Supplement, the author is certainly determined that they shall never regret their act of courtesy, and we must add, of justice and right toward him.

TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION, for the year 1879. ALEXANDER WILDER, M. D., Editor.

We are favored with a copy of "The Transactions," and are expected to say that they are "remarkable for size and quality," but truth compels us to add, they are a little thin—something like Dr. Tanner after his forty days fast. I recall the time when "Transactions" were padded out from the pages of an eastern journal, and they still contain padding. Some things are left out, probably because they contained too much truth to be palatable, and some things put in that were not even read by title, and at least one paper by one who is not a member of the society.

The notice of Dr. H. W. Taylor, on page 60, we deem wholly out of place; the long article on page 152 is rather tame reading for 1880; the one on page 122 does not show a very great improvement in pharmacy; and the one on page 119 is journal padding that we have already run our pen through. We hope that the next "proceedings" may show an improvement.

FORTY DAYS WITHOUT FOOD! A Biography of Henry C. Tanner, M.D., including a complete and accurate history of his wonderful fasts. By ROBERT A. GUNN, M. D. New York: Albert Metz & Co., publishers. Price 25 cents.

We have taken but little interest in the *great fast*, for we have not been able to see its advantage to the profession or the people. We have no doubt that Dr. Tanner was honest in the matter, and that he really did without food, and has thus shown remarkable powers of endurance and strength of will. But it does not controvert any received physiological doctrine, or add anything to our physiological knowledge. It does, however, furnish a text for many crack-brained people to prop their singular theories of life. One in our city claims that it proves that the tissues of the body are not being continuously renewed, but that they are permanent during life. The latest is that the air of New York has so much vital matter in it (thrown off by the large population) that it is both meat and drink, and sustained Dr. Tanner in his trying ordeal.

DISEASES OF INFANTS AND CHILDREN, with their Homœopathic Treatment. Edited by T. C. DUNCAN, M. D. Chicago: Duncan Brothers, publishers.

We find on our table volume ii. of this work (will the publishers send vol. i.), which is devoted to local diseases. There is a study of diseases of the liver, pancreas, spleen, supra-renal capsules, thymus, thyroid and lymphatic system, of the circulatory system, respiratory system, genito-urinary organs, nervous system, skin, and eye and ear. The work of the editor has been done with care, in most instances, and the reader will profit by it. Occasionally too much space is given to rare lesions, and sometimes too little to more important maladies.

I do not know that any one will object to the Homœopathy, for it is not so profound as we sometimes see it. Almost any one can understand a passage like the following: "The *Aconite* picture may be colored as follows: Child is in agony, impatient, throws itself about, high fever, dry skin, dry and short cough, every expiration ending with a hoarse, barking cough," (croup, page 679.) Or this in reference to *Bryonia* in

pleurisy: "Short, labored, anxious, *catching breathing*, performed almost entirely by the abdominal muscles; frequent cough which shakes and pains either side, weariness, irritability, and restlessness."

THE DISPENSATORY AND PHARMACOPŒIA OF NORTH AMERICA AND GREAT BRITAIN. By John Buchanan, M. D., and John J. Siggins, M. D., with extensive advertising of Parke, Davis & Co.

When Judas betrayed his master he went and "hanged himself;" when John Buchanan had done his utmost in supplying diplomas, duping students and physicians, and bringing the name "Eclectic" into discredit, he went and drowned himself. The work before us was his last publication, and is only remarkable for its feebleness, and for P., D. & Co's. advertising. "Poverty makes strange bedfellows."

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NOW IS THE TIME TO SUBSCRIBE for the large Anatomical Atlas, by J. A. Jeancon, M. D., Professor of Physiology in the Eclectic Medical Institute, Cincinnati, Ohio. Complete in 45 parts, with explanatory text; parts 1 to 12 inclusive are now ready for delivery and will be sent by mail on receipt of price, 75 cents per part. Address all orders to **Dr. T. C. HANNAH, 225 Court St. Cincinnati, Ohio.**

Receipts for Journal to Aug. 19.

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I am, very truly, yours,

L. E. WICKENS, M. D.

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President and Prof. Practice of Medicine in Rush Medical College, Chicago, Ill.

GENTLEMEN—I fully concur in the above recommendation; having used the remedy in several cases.

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Professor of Clinical Medicine and Diseases of the Chest, Rush Medical College.

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Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or moulding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto, Canada, Barley. The Extract is prepared by an improved process, which prevents injury to its properties or flavor by excess of heat. It represents the soluble constituents of Malt and Hops, viz: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER of HOPS, PHOSPHATE of LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract, as given by H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor. **TROMMER EXTRACT OF MALT CO.**—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water 5.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly,
SILAS H. DOUGLAS,
Professor of Analytical and Applied Chemistry

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing material.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in imperfect digestion of the starchy elements of food.

A single dose of the Improved Trommer's Extract of Malt, contains a larger quantity of the active properties of Malt, than a pint of the best ale or porter, and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily, it is best taken after meals, pure, or mixed with a glass of milk, or in water, wine or any kind of spirituous liquor. Each bottle contains 1½ lbs. of the Extract.

Our preparations of malt are for sale by druggists generally throughout the United States and Canada, at the following prices:

EXTRACT of MALT, With Hops (Plain).....	\$1 00
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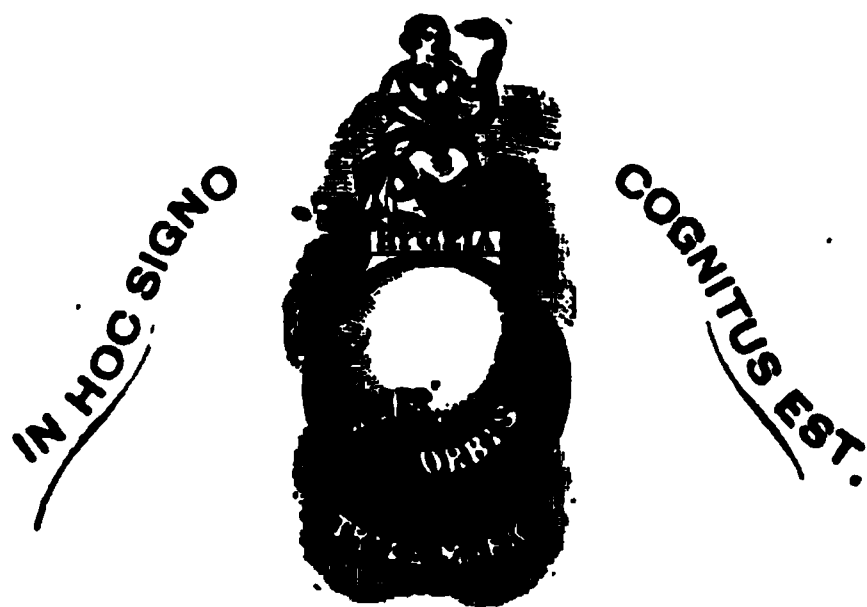
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THERAPEUTICS.—This combination is especially valuable in cases of consumption, accompanied daily with periodical febrile symptoms, quinine and digitalis exerting a specific action in reducing animal heat. Digitalis should, however, be prescribed only under the advice of a physician.

12.—PIL. PHOSPHORI CUM DIGITAL. CO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Pulv. Digitalis, 1 gr.; Ext. Hyoscyami, 1 gr.

Dose.—One pill may be taken three or four times in twenty-four hours.

THERAPEUTICS.—The effect of digitalis as a cardiac tonic renders it particularly applicable, in combination with phosphorus, in cases of overwork, attended with derangement of the heart's action. In excessive irritability of the nervous system, in *palpitation of the heart* *valvular disease* *aneurism*, etc., it may be employed beneficially, while the diuretic action of digitalis renders it applicable to various forms of dropsy. The same caution in regard to the use of digitalis may be repeated here.

13.—PIL. PHOSPHORI CUM DIGITAL. ET FERRO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Pulv. Digitalis, 1 gr.; Ferri Redacti, 1 gr.

Dose.—One pill, to be taken three or four times a day, at meals.

THERAPEUTICS.—This combination may be employed in the cases referred to in the previous paragraph, especially when accompanied with anæmia.

14.—PIL. PHOSPHORI CUM CANNABE INDICA. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Cannabis Ind., $\frac{1}{4}$ gr.

Dose.—One or two pills, to be taken twice or three times a day, at meals.

THERAPEUTICS.—The Indian Hemp is added as a calmative and soporific in cases in which morphia is inadmissible from idiosyncrasy or other cause, as well as for its aphrodisiac effect.

15.—PIL. PHOSPHORI CUM MORPHIA ET ZINCI VAL. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Morphicæ Sulph., 1-12 gr.; Zinc. Valer., 1 gr.

Dose.—One pill may be taken twice or thrice daily, or two, at bedtime.

THERAPEUTICS.—Applicable in consumption attended with nervous irritability and annoying cough; in hysterical cough and neuralgia it may be given at the same time with *cod liver oil*.

16.—PIL. PHOSPHORI CUM ALOE ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Aloes Aquosæ' $\frac{1}{2}$ gr.; Ext. Nucis Vomice, $\frac{1}{4}$ gr.

Dose.—One may be given daily at or immediately after dinner.

THERAPEUTICS.—In *atonic dyspepsia*, *neuroses of the stomach*, *hypochondria* and *constipation*, this combination fulfils important indications.

BE CAREFUL TO SPECIFY WARNER & CO. WHEN PRESCRIBING.

T H E

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ORIGINAL COMMUNICATIONS.

Art. CIII.—Aneurism of Arch of Aorta. BY PROF. EDWIN FREEMAN, M. D., Cincinnati.

March 17, 1879, I was summoned to Mr. G., aged 64 years, who was suffering from retention of the urine. The cause was stricture of the urethra, at the membranous portion. The canal had been partially strictured for a considerable time, and occasionally completely, whenever the mucous surface became congested from cold or the effect of irritating conditions of the urine. In this condition I found him, with the bladder full to distension, and relieved him with an olive-tipped flexible bougie No. 6, which expanded the stricture, allowing the water to follow it as I withdrew it from the canal. I entirely relieved him of the stricture by continuous dilatation with those bougies by gradually increasing the size every two or three days, until he could pass a full stream without trouble. It did not recur. In the mean time, while treating him, my attention was called to an unusual pulsation in the neck. I examined it and discovered an aneurism in the right subclavian triangle, partly hidden by the clavicle, and behind the posterior margin of sterno-cleido-mastoid muscles. It could be defined as an ovoid shaped tumor pulsating synchronously with the heart. The beating could be detected somewhat on the left side.

He had been treated previously for a pain in his left shoulder, extending upwards to his neck and the back and side of his head. It was supposed at first that he had rheumatism; it is possible that he had, but similar pains continued to the last.

The aneurism seemed, from its location at first, to be possibly one of the arteria innominata. Further observation convinced me that it was of the transverse portion of the arch of the aorta. After recovery from the stricture, I met him only occasionally, when he would complain of his shoulder and head, attributing his sufferings to rheumatism, and he

went to his old family physician, an allopath, for relief, although he had failed heretofore to get any satisfaction from him. I had explained to him the nature of the disease, which he only imperfectly understood, and that it was incurable.

April 26, 1880, Mr. G. came to me again. He was very feeble, could not lie down to rest, could eat but little, had dysphagia and great dyspnœa. He complained of constant pains in left shoulder and back of head, especially near and within left ear; also of pain in chest opposite sternum, and of dizziness.

The appearance of the thorax had changed, the sternum and upper intercostal spaces being apparently pushed forward, while the aneurismal tumor was but slightly visible on the right side. There was a fullness at the base of the neck and behind the upper part of the sternum and clavicles, that indicated that the sac had withdrawn to a lower position. There was also a pulsatory throb of the entire region synchronous with the pulse, which seemed not to proceed from the heart.

The dysphagia and dyspnœa had increased from the pressure upon the œsophagus and trachea. His voice became husky and reduced to a whisper, from the pressure upon the recurrent laryngeal nerves. He complained of a hacking cough and the secretion of mucus in his throat, all of which symptoms I endeavored to relieve as well as possible, without much success.

He had already exhausted the list of liniments and other applications for relief of pain. I allowed him once or twice a day morphia sulph. gr. $\frac{1}{2}$ to give him some rest.

At the last, he was seen to struggle a little as they were preparing him for the night, and then he became helpless in the chair, falling into a deep and stupid sleep from which they could not arouse him. In the morning I was called in early to see him, as those symptoms seemed alarming. I discovered that hemiplegia of the right side had set in with involvement of the tongue and partially of the organs of the special senses. He could be rallied only a little,—and died the following evening, having shown, during the day, some evidences of sensibility. The hemiplegia was, I think, due to retardation of the flow of blood to the heart, from the brain, produced by pressure of the aneurismal sac upon the *venæ innominatæ* and descending cava.

An autopsy of the subject revealed an aneurismal sac developed from the anterior wall of the transverse portion of the arch of the aorta, in front of the orifices of the innominate and left carotid arteries; the left subclavian arising from the arch to the left of the orifice of the sac. It was large enough to receive my fist; was about three inches in diameter, with an oval orifice two-thirds of an inch across. It was not lined with concentric layers of fibrin, but a mass of fibrin was found in the descending portion of the arch, evidently produced at death. The sac had, in its pulsations, caused to be formed in the posterior surface of the manubrium of the sternum quite a large concave fossa, by absorption of the posterior compact layer and part of the cancellated structure of that bone. The adhesions were so strong to the sternal extremity of the right

clavicle, the posterior ligaments of the right sterno-clavicular articulation and the sternum, that the sac was opened on detaching it from those parts.

The wall of the left ventricle of the heart was about three times its ordinary thickness. The aortic semilunar valves were stiffened so as to be in some degree insufficient by ossific deposit in the valves. There was a hardening and slightly ossific condition of the ascending portion of the arch, close to the heart, so that it seemed to cut like cartilage. There was a considerable fluid in the pericardium.

The sac had naturally distended forward until retarded by the pressure of the sternum, then laterally—but principally to the right side. The resistance of the deep cervical fascia caused its distension downwards, where there was the least resistance, withdrawing the tumor apparently from the neck and causing a protrusion of the intercostal spaces. The sac did not burst; the pressure upon the venous circulation being so great that death came from other causes.

No examination was made of the brain or other organs.

Art. IV.—Items from Practice. By DR. J. W. ALLEN, Fulton, Tenn.

Chloral Hydrate.—Indicated in cases of enervation produced by excessive mental and physical labor resulting in debility of the cerebro-spinal nerve-centers, and the consequent sluggish sanguineous and nervous circulations. Under these conditions there is a decided insomnia—"balmy sleep, nature's sweet restorer," having fled, and a relentless, ruthless turmoil has seized the fortress of the citadel. Persons thus circumstanced will find the chloral, taken in doses of grs. x. to xv., to be the "balm of Gilead" to them. At least such has been my own experience, both on myself and my patients. In the peculiar insomniac conditions attendant upon some cases of typhoid fever, in which, from the exhausted state of the patient, there is a total inability on his part to realize the refreshing power of repose and sleep, the chloral in my hands effects magically the desired end. In irritation of the stomach, where vomiting reigns an inveterate monarch, when all other remedies have signally failed, chloral has proven the *sine qua non*, administered in ten-grain doses. If the first dose is vomited give another immediately, and invariably after administering the second dose there is no further difficulty. I would remark that chloral exercises its benign influences in such cases only where simple irritation exists—a hyperæsthesial state of the stomach—and not where a superabundance of morbid secretions exist. By clinical experimentation, chloral possesses diuretic bearings, acting benignly upon the renal apparatus, and I would urge the necessity of trial in that direction.

Epilepsy.—I recently treated a patient, a colored man, with this disease. Patient had been the victim of this formidable malady for two years, and means and medicines had been persistently brought to bear on his case without avail. The case was a full-fledged case of epilepsy. Not able to divine the real cause, (the pathology of paralysis is deeply masked, a profound mystery,) I predicated my treatment more upon the therapeutical efficacy of remedies than a knowledge of pathology. Prescribed,

R. Chloral hyd. grs. c., potassæ brom. grs. c., water ℥iss. M. S. one tea-spoonful every hour till mitigation of paroxysms, then extend the dose from every two to every four hours. I would state that before I instigated the chloro-potassium treatment I exhausted the therapeutical efficacy of potassæ brom, even to maximum doses, under which even a mitigation of paroxysms was not cognizable. Prescribed the continued use of the chloro-potash treatment after the full subsidence of the tetanic convulsions, grs. x. three times per day. Eighteen months have elapsed since, and no recurrence of the fits or other pathological symptoms. Said continued treatment extended for nine months consecutively.

A Thought.—The potash-brom. was inadequate alone, but the combination with the chloral produced the desired effect, and hence the combination is not only chemico-physiologically compatible, but a most happy compound in epilepsy and other kindred diseased conditions.

Clinically chloral has not only acted very benignly—harmoniously with normal functions—but is the par excellent agent in procuring hypnotic conditions without the toxic sequelæ attendant upon opium, morphine, etc. No arrested secretions, no morbidly irritated state of the nervous system, but the awaking from the sleep produced by chloral is *perfectly natural*. Clinical experience with this drug places it with me at least as an important and reliable *diuretic*. In this sphere its action is not heroic, but gentle and effective. In regard to the toxic effects of chloral, I would say that I have been its constant patron for years, both upon my patients young and old, male and female, embracing a range of many diseases, and myself also, and have yet to witness a single instance of unfavorable influence. Like all potent remedial agents, it behooves the practitioner and the nurse to administer it with discretion. A happy combination is realized in that of chloral and morphine. In these combined is found the sovereign annihilator of torturing pains and general and local misery. Forsooth it may be said that I have chloral "on the brain." Be it so. I have oftentimes realized its soothing effects in my own system, and thus freeing me from pain.

Art. CV.—Interview of Prof. Howe. By L. E. RUSSELL, M. D.

While on a recent visit to Cincinnati, I called on Prof. Howe for the purpose of making some inquiries in regard to his experience with Thuja. And after talking a few minutes I concluded to put a part of our conversation into the form of an *interview*, and offer it to the *Eclectic Medical Journal* for publication.

Ques. Prof. Howe, does your latest experience with Thuja sustain former opinions expressed in the July and August numbers of the *Journal*?

Ans. Yes, when the medicine was what it ought to be.

Ques. What am I to understand by the condition you impose?

Ans. I mean that when I use a good preparation of Thuja tincture the results are what I have published, but when an inferior article has been employed the therapeutic impression has not been satisfactory.

Ques. That reply leads me to inquire whose manufacture of Thuja you employ?

Ans. The first I used was made by Wm. S. Merrell & Co., and I understood it to be a tincture of the fresh leaves of *Arbor Vitæ*. I obtained good results from its use. The next was prescribed in Covington, Ky., and filled from a reduced fluid extract manufactured by Parke, Davis & Co. The patient was a child, and the mother, after ten days trial of the medicine, said that the remedy did not impress like the first she used. She said it was weak, and produced no preceptible effect. I then went to the drug store where the prescription had been filled, and made inquiries concerning the matter. I found that the fluid extract on skin or tongue made no such marked impression as the tincture first used. I afterwards obtained a sample of *Thuja* manufactured by Merrell, Thorp & Lloyd, and found it to be satisfactory in taste and appearance, and in therapeutic effects.

Ques. How do you account for the difference in the manufacture?

Ans. I think the inferior article was made to sell. Probably elaborated from old dry stock.

Ques. Do you think Parke, Davis & Co. could afford to supply the trade with inferior goods?

Ans. I do not know what they can afford. I am merely reporting what my observations have been. When an enterprising concern spends thousands in advertising, the buyer better consider whether he is not in reality paying a share of the outlay.

Ques. Speaking of advertising reminds me to ask why Parke, Davis & Co.'s advertisement has not appeared in the *Eclectic Medical Journal* since last December?

Ans. I do not know positively, but I understand that Prof. Scudder refused to publish the advertisement after P., D. & Co. re-issued a libelous pamphlet of the late saintly L. E. Jones. It was dug up after Jones was dead and canonized, and circulated with the palpable purpose of damaging the Eclectic Medical Institute, and Scudder's interests.

Ques. Why did not Prof. Scudder sue his libelers?

Ans. What good does it do to claim damages for libel when you can not prove that any have been sustained?

Ques. Am I to infer that the pamphlet cited is regarded as having done the Institute and Scudder's interests no damage?

Ans. Exactly,—no damage was ever appreciated.

Ques. Then, what is the cause of Scudder's refusal to advertise when it pays liberally?

Ans. It is the *animus* of the thing which Scudder regards. A concern which would unearth on old Jones slander and republish it with no higher motive than to throw mud, is too low to deal with.

Ques. In another pamphlet, under the title of "Professional Court" issued at Detroit, I see that you are called hard names; had you ever given any provocation for such epithets?

Ans. It was enough that I am associated with Scudder as a teacher in the Institute. In slashing about in slimy ooze, P., D. & Co. bespattered me a little, but it will all rub off when dry.

Art. CVI.—Grooving of the Nails and Clubbing of the ends of the Fingers. By A. J. HOWE, M. D.

Every practitioner of moderate experience must have observed that the finger nails become grooved longitudinally during periods of exhausting sicknesses, and especially while tuberculosis is the morbid invasion. Also, in connection with grooving, there is incurvation of the nails. These abnormal peculiarities of the nails indicate faulty nutrition, and a pronounced waste of tissue. In addition, it has been observed that the ends of the fingers of persons who are laboring under the influence of exhausting diseases, present a bulbous or clubbed appearance. Not many months ago a woman came under my professional charge who had suffered for years with curvature of the spine, and ulceration of one or more of the dorsal vertebrae. In this case the finger's ends were enormously clubbed; the nails were grooved and incurvated; and the woman was greatly reduced by suppurative waste.

I have noticed similar conditions in phthisical patients, yet not to such a marked extent. The learner of pathological signs will do well to have these phenomena in mind, for they will help him to diagnose obscure states of disease.

. In a case of nail marking that came under my observation last year the following peculiarity was observed. A man having been hit heavily in the back, and nearly died from spinal meningitis, though he entirely recovered within six weeks, had a series of transverse marks on each nail. These were observable after the nails had had time to grow forward and show the physical impression. At the rate the nails grew after the pathological indentation at the root or matrix, it would take about six months for the nails to grow their entire length.

But in this communication I desire to speak more particularly of the longitudinal grooves that mark the nails of invalids; and of the bulbous state of the fingers' ends. These signs were to be observed during the war in soldiers who suffered from chronic diarrhoea, and from starvation endured in prison. The nail markings mentioned are to be seen among paralytics, and those who suffer long from arthritis.

It is also a singular circumstance worth mentioning that persons who have passed through critical sicknesses in childhood, or during adolescence, and who may have possessed splendid nutritive conditions subsequently, do not completely efface the nail markings, though good digestion and assimilation effect much in the way of beautifying nail growth.

Mrs. Davis who had the bulbous ends to her fingers has been under the influence of arsenic, phosphorus, and the best peptics for six months or more, shows less clubbing of the fingers, and less pronounced grooves than formerly. Her appetite and digestion are improved and she has gained some flesh and strength. A clubbed state of the fingers in a consumptive shows that the disease is advanced, though the test of curability in phthisis depends largely upon vomicae or lung cavities. We read about cures after "one lung is all gone, or half gone," but such are fables. I will not deny that a patient with a lung cavity may or can recover;—in some instances something near a miracle is performed, yet we are not to build hopes upon hopeless signs.

Some practitioners do not fairly know whether their consumptive patients are to die or not; they reckon all are in danger, and give all a certain modicum of hope. Then, again, there are physicians who scrutinize their lung patients so closely that they know almost to a dot whether there be a reasonable hope of cure or not. A medical man who stimulates high hopes in a patient that is positively to die in a week or two on account of the advanced condition of phthisis, is either a knave or a fool. And I think there are as many of the latter as of the former in the medical profession. Then, there are slippery "mediciners" who are called a little too late,—they helped the patient for a few days, but the disease had advanced too far to be overcome. Young doctors are apt to set up this specious plea.

A syphilitic taint devitalizes the organism, and indirectly or incidentally causes the nails to groove and the digits to become bulbous at the ends, therefore in exercising the diagnostic powers it is well to have in view a venereal contingency.

I have known a severe onset of cutaneous syphilis to cross-mark the nails; and in the course of time the disease to be so far cured or eliminated, that smooth nails would return.

It may not be amiss in this connection to remark that a faulty state of nutrition exhibits itself early in the skin, of which the nails are a part. The teeth are also dermoid, but so remotely in man that they are not quick to manifest feeble nutritive powers. However, children born when the mothers are passing through the cutaneous phases of constitutional syphilis are almost sure to have defective teeth. In the worst cases the teeth are like pegs, or reptilian.

Art. CVII.—*Nyssa Multiflora*—Black Gum Tree. By J. W. PRUITT, M. D., Russellville, Ark.

Order, Santalaceæ. Leaves oval or ovate, acute at both ends, entire, hairy on the petiole and midvein, of a thick and firm consistence, and a deep and shining green; flowers greenish, small in 3-6 flowered clusters, on long branching peduncles, fertile peduncles mostly 3 flowered, drupe oval, deep blue. A common tree of middling size, growing in swamps and low lands, distinguished by the thick, shining leaves and horizontal branches. The wood is tough and white and almost impossible to split.—*Green and Congdon's Class Book of Botany*, page 192.

The above is a very good description of this tree. When wounded it exudes a gum that turns jet black, hence, probably, its common name.

My knowledge of it is from reports of those who have used it. Many years ago a very intelligent country old lady informed me of its anti-abortive effect. It was given in decoction freely. It has rather a nauseous taste. Well do I remember the disgust I once experienced when a lad; being at the house of an old hunter, they had some fine looking bear's steaks for supper; the hunter said he did not suppose I could eat any of it, as the animal had been eating "black gum berries," but I ventured nevertheless, but one trial thoroughly satisfied me.

My friend Dr. Thompson, of this place, informs me that he has had

very satisfactory results from it in several cases of threatened abortion, giving it in infusion, in tablespoonful doses every few minutes; the doctor informs me it is very efficacious in false and inefficient pains. He obtained his knowledge from a colored woman, ninety years old, who had lived all her life among the Cherokee Indians.

I prepared a tincture of the bark, recently dried, eight ounces to the pint of dilute alcohol; it is very black and has a sweet pleasant wine taste. I distributed portions of it to several of my medical friends for trial. Dr. Thompson reports one case of threatened abortion relieved by it. No reports from any one else yet. Hoping the profession will give it a trial and report, is my object in writing this communication.

Art. CVIII.—*Sun Cure.* By Dr. J. A. HENNINE, Redkey, Ind.

This is an odd subject for a medical journal, and rather a unique subject to write about, as I have seen nothing on the subject in medical journals for several years, nevertheless it is a subject that should always arrest the attention of the profession for its intrinsic benefit to humanity.

It is a well known fact that sun-light is one of the most powerful forces known in all nature, lighting the whole vegetable world, and making animal life possible by its chemical agency. In the sunlight we have, as emitted from the sun, seven distinct colors: red, orange, yellow, green, blue, indigo, and violet. It is a well known fact that plants, especially garden vegetables, can not be well grown without the influence of the requisite amount of sunlight. Those that are grown in the shade are pale and sickly, and do not and can not bear good fruit. The same may be said about animals, they can not be vigorous and strong without pure rays of sunlight.

The subject of pure air and sunlight for vegetables and animals is almost inexhaustible, and I will leave it, but particularly call attention to the influence on humanity. The Indians call us pale faces, and we as Americans deserve the epithet. Go on our streets, and observe the miner, the mechanic, the women and children, who are deprived of sunlight, how sickly and pale they look. They have flabby muscles, anæmic, enfeebled nervous energy. It is an established fact beyond controversy, that as the effect of isolation from the stimulants of sunlight, the albumen, fibrine, and the red blood cells become diminished in quantity, and thus deteriorate health, by materially changing the physical composition of the blood, prostrating the vital forces, reducing nervous energy, and ultimately inducing some organic disease, especially lukæmia.

How often we are called upon to treat sickly women and children, who have a feeble constitution, and an anæmic appearance, induced by want of sunlight. Then notice the contrast of women and children who have plenty of sunlight; notice the rosy cheeks and blooming health of rural districts. Dr. Winslow says that in persons isolated from pure air and sunbeams, "the face assumes a death-like paleness, the skin shrunken and turned into a white, greasy, waxy color; also emaciation, muscular debility, dropsical effusion, softening of bones, general nervous excitability, morbid irritability of the heart, loss of appetite, hemorrhages, consumption, and lukæmia."

Then it may be asked, what can we expect from the offspring of such parents? They will be born sick. We very often find bed-ridden patients, especially among females, and sometimes children, and being deprived of the direct rays of the sun, this is the prime factor of the cause of their diseases.

Now the physician may not be able to correct this defect in society, yet he can avail himself of this sanitary principle, and utilize it in his practice among such patients.

It is a well known law, and now entertained by eminent scientists, that in the sun's rays there is a subtle current of iron. It does not exist in light, but is only found in part of the sun's rays, probably the red. This is absorbed by the lymphatic vessels, and conveyed into the general circulation. This iron gives us rosy cheeks, color and strength, and with it good health and spirits.

A certain lawyer had paralysis on the right side at the age of sixty. His physician directed him to lie down under a large window, and allow the sun to shine on every part of his body; this he did, and in a few months he was entirely cured.

Now we can very readily adopt this *sun cure* with all our patients, to our advantage and the patient's benefit. Part of my prescription to such patients as need it, especially among women and children, is to take a certain amount of sun-light daily, with great advantage to all. Many inveterate chronic diseases can be cured by proper sun-light alone, but it is one of the essentials with remedial agents.

Art. CIX.—*Præputial Obstruction.* By S. J. SMITH, M.D. Findlay, Ohio.

Cases of the following kind are so very rare that I thought I would report it. Jan. 11th, 1880, I was summoned about 9 o'clock to see a boy eleven years of age who could not pass water. The history of the case showed that there had been some obstruction to the flow of urine for some time, and since eleven o'clock in the morning he had been unable to pass any water. Nitre had been given, hot cloths had been applied, etc., and all to no purpose; boy getting off the couch and dancing around the room in great distress, making ineffectual efforts to void urine. On making an examination I found the prepuce greatly distended; on attempting to pass a Jaques catheter (the only one I had with me) invagination of the prepuce took place and it was impossible to introduce the instrument. I informed the parents of the nature of the obstruction and that the foreskin would have to be slit up in order to give permanent relief; being ignorant Irish they would not consent. Father wanted another doctor, so Dr. Martin was called, bringing a silver catheter with him, which he succeeded by exerting a considerable amount of strength in forcing through the closed prepuce, when the urine flowed freely.

Demonstrating as was expected that the whole trouble was caused by closure of the preputial orifice. A grooved director was then inserted between the foreskin and glans penis and the prepuce slit up; one stitch was taken in each side of the slit, connecting the skin and mucous mem-

brane in order to obviate any tendency of the cut surfaces to unite, and the case was dismissed from further operative procedure until such time as the patient or his parents, might see fit to have it completed by circumcision.

Art. CX.—Hypodermic Injection for Carbuncles. By W. P. MADDEN, M. D., Cedarville, O.

As I never saw this method advocated I thought my experience might be of interest to some one. About four months ago this plan suggested itself to me under the following circumstances:

On the 10th of last April I was called to a patient with a large solid mass on back of neck about two inches to the right of the median line, measuring $4\frac{1}{2}$ inches across from one elevated margin to the other, the inflammation covering a much larger space. The thermometer showed temperature 105, pulse 38, tongue very dark; put him on the usual sedatives. These unpleasant symptoms and the fact that he had just passed through the various stages of syphilis, increased my apprehensions. There was no pus foundation in the carbuncle yet save five superficial cells with an accumulation about the size of a fine bird shot,

Here I will remark that it is the difficult cases that try the physician's inventive powers, and he must be inventive to be successful, and for the same reason I was induced to use the following: Carbolic acid, water, aa, gtt xii, injected from three sides equal distance apart (one might have done) towards the center. This at once had one salutary effect in that it paralyzed the morbid mass, leaving the man free from pain. Patient slept well all night, which he had not done for four nights previously, and in forty-eight hours the acid had got up such an eruption that when I next saw him its contents were running out at an opening near the top, until the entire morbid mass was broken down; healthy granulations followed, and a complete healing in eight days. I could give two other examples, but think this sufficient. I am now firm in the opinion that by this process we have the means of aborting all such growths in their incipency.

A Note on the Treatment of Sub-Involution of the Uterus.—

By JAMES BRAITHWAITE, M. D.

The writer having long felt the want of a perfectly safe and at the same time efficient means of treating uncomplicated subinvolution of the uterus, gladly tried for the first time about two years ago a plan shown him by Dr. Wynn Williams, at the Samaritan Hospital. This treatment is in common use by Dr. Williams amongst the out-patients of that hospital, and in the hands of the writer has been found to deserve all the confidence felt in it by its original author, with whose permission this note, which was at first only intended for a local medical society, is now published by the request of the editor of this Journal.

It may be premised that this treatment is less suitable in cases complicated by endometritis, which should be treated previously for that disease.

The treatment consists in the application to the interior of the uterine cavity of a solution composed of equal parts of iodine, iodide of potassium, and spirits of wine. The first two ingredients dissolve readily in the third.

The patient being in the dorsal position, a Fergusson's speculum inserted, and all mucus wiped away, it is a good plan to pass a sound through the cervical canal, as the iodine application is more readily passed afterwards. The sound used for this purpose should be curved only in its terminal half inch, or a trifle more, and this curve should be about forty-five degrees angle in order to be easily used through a speculum. A small whalebone bougie, having its slightly bulbous extremity removed, or any long and finely tapering piece of whalebone, is to be wrapped round with cotton wool in its terminal four inches, or to a greater length than that of the enlarged uterine cavity. About two inches of this is saturated with the iodine solution, and is rapidly passed up to the fundus and there allowed to remain for a few moments. To facilitate the rapid insertion of the whalebone it should be slightly curved towards its extremity, and sufficiently fine to allow of its bending very readily. This is withdrawn in about a minute, the cotton of course coming away upon the whalebone, and being then stripped from it. The effect of the application of this powerful solution of iodine is to cause immediate forcible contraction of the uterine muscular fibre, as may be inferred from the difficulty of passing the cotton a second time soon after its withdrawal. This contraction, however, only occurs when the contractility of the muscular fibre is not lowered by inflammation. As, however, a second application should not be necessary, the contraction passes unnoticed. This solution should be applied twice between the periods, and continued according to the results. The lessening of the size of the uterus is generally marked and rapid, so that on introducing a sound at the end of a week after the first application, a uterus previously measuring three-and-a-half-inches may be expected to have lost half-an-inch of its internal length. Seldom more than three or four applications have been made, and cases chosen which were uncomplicated with much tenderness of the uterus, and unattended with the dirty brownish discharge of endometritis. It is in the experience of the writer a mistake to mix up such cases with sub-involution, and treat them with one remedy, as advised by a late writer upon the use of "iodized phenol." Treat the endometritis first with either ordinary tincture of iodine as recommended by Dr. Tilt, and as was the habit of the late Dr. Tyler Smith, or with carbolic acid after Dr. Playfair's plan, and then if the uterus does not lessen in size as much as desired, use this strong solution of iodine. If this is reversed, the strong iodine will be found to aggravate the inflammation, and the carbolic acid inefficient in curing the sub-involution. The only plan of treatment which seems equally efficient with the one described, is that used by Dr. Atthill, of Dublin, the introduction into the uterus of ten grains of solid nitrate of silver. This treatment appears rather heroic, and at this side of the Irish Channel would probably set up unpleasant inflammatory action.

In conclusion, this short article only expresses the experience of its

writer, who claims no merit whatever, and who takes this opportunity of thanking the original author of the treatment for a valuable hint in practice, which has helped him over a number of cases which he would otherwise have found it difficult to treat rapidly and successfully, and without fear of doing harm by setting up inflammation, or obliterating the uterine cavity by producing adhesion of its surfaces.—[*Obstetric Journal*.]

***Specific Medication.* BY DUDLEY M. CULVER, M. D.**

I am sorry to see members of as high a calling as the medical profession, allowing themselves to be led off by pharmaceutical laboratories into what is termed "Specific Medication," and it is upon this subject that I desire to be chiefly heard for the present.

What does Specific Medication mean? It means "quackery," and nothing more. A man away over in California, signs his name M. D. He has found what he *claims* to be a plant indigenous to that state, and he calls it "Cascara Sagrada," "*Raumus Purshiana*." He holds it up by the tail, and employs a pharmaceutical establishment to manufacture and advertise it for him. They come out in bold wrappers: "Cascara Sagrada," a sure cure for Habitual Constipation, Dyspepsia, Paralysis, Neuralgia of the stomach. &c., &c

Now, brethren, I ask in the name of reason, if this is not leaving principle altogether, and following up quackery and empiricism? Why not just as well prescribe Bull's Baby Syrup, Smith's Tonic Syrup, and allied preparations? They are put up as neatly, have no more printed matter around them, and prove just as efficacious. Don't we know we would be laughed at if we should be found prescribing patent medicines? Most certainly we would. Then I desire to impress the profession with the necessity of practicing medicine on a scientific basis. Use reason and not specific medicines. Here we have a case of constipation; science teaches us to inquire into the cause; remove that first, and afterward the effects. Now, is your constipation habitual, or is it accidental? Is it due to deficient flow of bile, deficiency in intestinal juices, or is it due to paralysis of the nerves which supply the muscular coat of the intestines? Or is it due to impacted feces? All of these causes may produce constipation, and a man with a thimble full of brains would know that what would remove the constipation under one cause would not under the other, but on finding the *cause* each will require a different plan of treatment. Can we suppose, for instance, that Cascara Sagrada would remove impacted feces any better or as well as the finger, or blunt spoon? Answer we, "specific." Then science interposes and demands that we seek for the cause, remove that, and afterwards should they exist, the effects of the cause.

What a pleasure to meet in consultation with Dr. A. He has a case of constipation on his hands. We ask him what his course of treatment has been. He tells us: Well, eh! it's constipation. I've been treating it with specific "Cascara Sagrada." Yes—well Dr. A., on what principle do you give "Cascara," what physiological effects do you expect from it? Ans. Well, I expect it to remove constipation, that's all I can tell you;

in fact, that's all I am taught about it. Now, don't you know it would be a pleasure to counsel with a man of this kind, but gentlemen of the medical profession, this is where Specific Medication is leading us to ! Again, we have a medicine, "Coto Bark," recommended for diarrhoea, dysentery, gout and rheumatism.

This beats all of them. We shall first examine it as a remedy for diarrhoea ; now, we know that diarrhoea, like constipation, assumes different forms and is produced by as many different causes, and without consuming space to enumerate the different causes and forms of diarrhoea, we will be content with saying, how fallacious the idea of having a specific for diarrhoea. We have, for instance, as we all know, some forms of diarrhoea in which there are foul secretions and crude ingesta in the intestines, and that would result in danger and possibly death to our patient to use a remedy to *check* the bowels without first ridding them of these poisonous and irritating principles, then *curing*, actually *curing* rheumatism and gout, with a diarrhoea mixture. Pray, brethren of the "healing band," whither are we drifting ? When we prescribe for any disease, we ought, if possible, to know first what we are prescribing for, and what we are prescribing.

We should try to be able, as Paul says: "To give a reason for all things !" No satisfaction is felt when you prescribe for a case, if you don't know *why* you are prescribing, or what the physiological effect of the medicine will be on the system ! Then let "specific medicine" go by the board, for it must prove disastrous to true medical science should it obtain a foothold. But should we come and reason together, and exercise sound judgment, instead of routine skepticism success will crown our efforts. Now I am not attempting to detract from nor ridicule the manufacturing pharmacists who prepare these medicines, for "Coto Bark" is a good remedy in some forms of diarrhoea : and "Cascara Sagrada" is a good remedy in some cases of constipation. But we don't want them as "specifics." We don't want printed labels on the bottles telling of a score of diseases for which it is good. But what we do want is the name of the medicine, dose, and its "*physiological*" action. Nothing more. Nothing less. Then let the physician choose for himself in what diseases or peculiar conditions, he will apply it, "Coto Bark" is advertised as a specific in diarrhoea, dysentery, gout, rheumatism, &c., and is therefore claiming or assuming too much for it. It is too much on the "patent medicine" plan and savors of quackery, &c. We don't want any of it. We like "Coto Bark" so far as we have tested it, and we think that we are safe in saying that, Parke Davis & Co., manufacture a pure and reliable article ; but we don't want them to prescribe it, and put patent medicine wrappers around their bottles ; we don't want any "Specific Medication." Then gentlemen come to the front ranks, let us use common sense, come forward and express your opinions and let us sift the matter and see if "Specific medication" isn't worse than a farce and delusion. I submit the matter to the candid reader, in the hope that we may do the greatest good to the greatest number. I would like to say more but limited space forbids.—[*Baltimore Practitioner*.

[We publish the above, not because there is anything to be learned

from it, but to show how our old school friends go a wool-gathering. The association of Specific Medication with the so-called new remedies of P. D. & Co., is an absurdity that could only grow out of gross ignorance. We do not recommend Cascara Sagrada or Coto Bark or any of the nostrums so extensively advertised. We do not prescribe at names of disease, but for distinct pathological conditions, and if Dr. Culver will take the trouble to read a small amount of "Specific Medication," he will find that it goes further than he is willing, in insisting on a scientific basis for the practice of medicine.—ED.

Abortion and Its Treatment—Injection of Warm Water.—

By J. FLETCHER HORNE, F. R. C. S.

Warm-water therapeutics within the last two years have received considerable attention. The use of warm water, locally applied as a medical agent, was brought to our notice by Dr. Whitwell, of San Francisco, in a letter to Dr. Lombe Atthill, of Dublin; but first used in midwifery by Dr. Emmett, of New York, as mentioned by Dr. Whitwell; its use in surgery was recommended by Mr. Keatley, of the West London Hospital; and the use of warm-water vaginal injections during labour with rigid os to cause rapid dilation and completion of labour, by Dr. Kilner, of London.

By reading a short Paper by Dr. Atthill I was led to its use in abortion. By the term abortion I imply the expulsion of the foetus prior to the sixth month of pregnancy; I use it as synonymous with the popular expression—miscarriage. For the purpose of my paper it will be sufficient to consider only the *foetal-expulsive* treatment.

Abortions of early pregnancy seldom need special treatment. The hæmorrhage will usually be controlled by rest. Astringents may be tried if needful, or ergotine may be exhibited hypodermically.

In abortions of the eighth to the twelfth week we often have the ovum expelled with unbroken membranes; if it be not, our aim must be to remove the ovum and its appendages, and thoroughly evacuate the uterus.

The uterine contractions suffice, in many instances, to burst the ovum and throw out the foetus, and here the uterine action may cease; the pains do not recur as we would wish, the womb continues quiescent, the os almost closed, and the placenta and secundines remain. After a variable interval, from a few hours to as many days, the uterus will probably attempt to rid itself of its contents—often successfully.

Should there be no return of the pains, I think it desirable that immediate removal should be attempted. If the finger can be introduced, and pressure made outside the abdomen, the whole of the cavity of the uterus should be thoroughly explored and evacuated. If the os is closed it should be plugged with a tent, or Dr. Aveling's vaginal tampon will be found useful. The placenta, if retained, will usually become the seat of putrefactive change, as the following case will show:—

Mrs. R. multipara, attended by midwife, who, having delivered a putrid foetus and being unable to complete the removal of the placenta, asked me to see the patient. I carefully endeavored by the finger to remove

the soft, pulpy, rotten mass to the greatest extent possible. No hæmorrhage followed, but considerable pain. The foetid discharge was kept down by Condyl's fluid injection, and I several times removed further pieces. The case dragged on a weary existence for many months, and when the patient left the district she was far from well.

I now think that where a portion of the placenta remains, and you cannot reach it with the index finger, the use of the warm water steps in in preference to the use of the ovum forceps.

The tent or tampon will dilate the os and stimulate the uterine efforts. After its removal you will be able to scoop out the ovum and its surroundings.

In these cases I have frequently given ergot in its various forms, and have almost always felt disappointment at the result. Its action on the unstriated muscular fibre of the uterus, so well marked when the organ is fully distended and the os fully dilated, is certainly not nearly so useful in the middle period of pregnancy. I find that it produces tonic contraction of the os, and so acts in a manner diametrically opposite to our desire. At the same time I would state, that I think it most desirable, after the whole of the contents of the uterus have been expelled, to stimulate the sympathetic system by the administration of ergot, so as to bring the arterial tree into a state of spasm, which closes the minute arteries and prevents secondary hæmorrhage.

It is a moot point whether absorption of the placenta occurs; if so, it explains the following case:—

Mrs. C. sent for me August 19th, 1879. Messenger said miscarriage. On arrival I found a foetus of about twelve or fourteen weeks had come away. I carefully examined the clots, &c., for placenta. On vaginal examination found the small cord broken off almost in the closed os. On a little tension it again broke. There was no pain, no hæmorrhage; nothing further came away, and in a few days, on my last visit, I found the patient in her shop.

In using the warm water I use an ordinary hand-basin, containing about three or four pints of the water at a temperature of 110° or 112°. I would here strongly recommend any of my readers who would use this plan not to use their clinical thermometer; if so, they will find that they will not be able to again shake down the index. I find it a safe limit to use water sufficiently warm that you can hold your hand in it without any degree of discomfort. The basin is placed close to the nates, and one of Higginson's enemas, with vaginal tube attached, is carried up with the finger through the os uteri; the water is then to be gradually injected until complete contraction follows—usually one or two pints suffice.

I append three cases of abortion in which I have used the warm water with complete success. In one case of post-partum hæmorrhage at term in which I used it, the warm water was not so successful.

CASE I.—Mrs. D., aged forty, sent for me on the night of April 7th, 1878. I subsequently learnt that she had had nine children, and found that she had missed three menstrual periods, and ten days before had begun to be unwell; and this had continued without treatment till this afternoon, when a foetus of about the eighteenth week of pregnancy

came away. This was followed by profuse hæmorrhage, which was succeeded by fainting and tossing of the arms about—symptoms so characteristic of the drain that had taken place. On my arrival I found her almost pulseless, blanched, the bed saturated with blood, vagina full of clots. By introducing the index finger through the partially dilated os uteri, and with external pressure, I got away a portion of the miniature placenta, but the hæmorrhage still continued. I then injected gradually about two pints of warm water, with the result of bringing into reach the rest of the placenta, and also producing immediate contraction of the uterus, my finger being expelled by the uterine action.

CASE II.—Mrs. B., a delicate woman, aged about forty, pregnant of her seventh child, was delivered August 24th, 1879, at 7 P. M., of a foetus of about the fifth month, which apparently had been dead for some time. The placenta came away by external pressure on the uterus. Three hours after, her attendants having tilted her up, violent hæmorrhage followed, which drained the woman almost to death's door. On my arrival I immediately injected warm water with success, the hæmorrhage ceasing immediately.

CASE III.—Mrs. W., aged thirty-eight, pregnant of her twelfth child, aborted October 15th, 1879. A foetus of about the third month came away about 2 P. M. At 9 P. M., on my seeing her, I found she had been losing all day, had fainted several times, was blanched and pulseless. On my injection of warm water collapse followed at once, and the patient turned over as if about to die, but immediately rallied. Contraction of the uterus ensuing almost immediately, a dose of ergot was given; slight discharge continued all night. Nourishing food and tonics were subsequently given, and the patient soon became convalescent.

Physiologically this treatment brings out the nervi-motor power—the reflex action being stimulated by the warm douching and by the impression upon the internal uterine surface, and perhaps upon the uterine muscular fibres. By the administration of ergot after the abortion is completed, the direct spinal action is also stimulated, and no further hæmorrhage takes place.—[*Obstetrical Journal*.]

Melilotus Characteristics.—By G. W. BOWEN.

Head, fullness of; heaviness of head; dizziness on moving; throbbing in head; oppressive headache; head so full fear of epistaxis, feeling as if all the blood was there.

Fullness of the throat; hacking cough from tickling; oppression of the chest; smothering in the chest; constant coughing from fullness in the chest; soreness just under the ribs as if in the pleura; congestion of the stomach; cramp in the stomach; fullness in the abdomen; congestion of the ovaries, with a sense of heaviness and oppressive pain; enlargement of left ovary; internal piles with an oppressive sense of fullness.

Epistaxis, profuse for three days, (in eight cases.)

The above symptoms were obtained in proving the remedy. In my

own case I did not bleed from the nose, but there was horrid congestion to the head which has left the meningeal capillaries enlarged, which has made me extremely nervous, and left me so. Have cured all cases of spasms, epistaxis, cramp in the stomach, menstrual colics, congestive headaches, (sick or) periodical headaches, congestion to the ovaries, congestion of the pleura, and congestion to the lungs and spine, that has come under my observation or care for the last eight years.

Dr. Dan Jose I. Navarro, of Cuba, has several pages in a Homœopathic journal of last October, published in Havana, in which he reports excellent results, in most of the above named cases, and especially in the severer forms of headaches so common there. Its action is almost always seen in one moment, especially in epistaxis and spasms. In five minutes it relieves a congestive headache. Have never used anything but the first centesimal medicated pills, No. 20, from 5 to 10 for a dose, and repeat in thirty or sixty minutes, if it should be needed. — *Medical Investigator*.

Alstonia Constricta—Bark of the Australian Fever Tree.

By A. W. BIXBY, M. D.

I have used this agent extensively during the last eighteen months. By prescribing it in hundreds of cases, testing it personally, and observing the results, the following conclusions are deduced:

Alstonia constricta has a wide range of application and action as a medicine. Its action resembles, in many respects, the combined action of quinine and *nux vomica*. It is an anti-periodic of the highest type, giving better satisfaction, to my mind, than quinine or cinchonidia. It is a cerebro-spinal stimulant and tonic, acts positively upon the great sympathetic nerve centers, and consequently increases positively and permanently the vital forces of the entire system. In a large majority of the cases of intermittent and remittent fevers it is a superior remedy. I prepare the system for its use by the administration of the proper sedative, then *alstonia* seldom fails. Where quinine fails in chronic cases, *alstonia* often effects a speedy cure.

In typhoid, synochal and puerperal fevers, where an antiseptic and nerve tonic is demanded, it answers well. I used it in the treatment of about seventy-five such cases last fall, and with the happiest of results.

A case: Patient complains of being tired, exhausted, no life, impaired appetite, constipated, headache, restless at night, rises unrested, feels cross and irritable, tongue slightly pale, furred, and quivering when protruded; at times feels feverish, and aches all over. With such indications, which betray a general depression of the nervo-vital forces, *alstonia* acts like a charm.

Under its influence, in one or two-grain doses, every two to four hours, the whole system is soon invigorated; the brain becomes clearer, i. e., acts with more energy and accuracy; the heart acts with more vigor, filling and warming the extremities with more blood; the eye scintillates with an augmented brilliancy, and, in short, the whole being seems to be renewed and endowed with new power and vigor.

While this agent does not act as a cathartic, it increases the secretions and excretions of the intestinal canal. Where stomachic and intestinal indigestion with constipation exist, it improves digestion, slightly softens the feces, increasing them in quantity, and prompts to go to stool.

In recent colds or coryza, it is an excellent remedy. At the beginning of an attack of this annoying trouble, two-grain doses every two hours give prompt relief. The whole system is soon reinvigorated, the secretions and excretions which have been more or less suppressed, are re-established and the patient is all right and feels well. Without such aid the cold often hangs on for days and even weeks—in other words, the vital forces remain depressed, and the patient feels mean and weak.

In the treatment of rheumatism, acute and chronic, I have obtained good results from its use. In acute cases the temperature was reduced by the use of the proper sedative before I administered alstonia.

I use the dusted powder of the bark, and administer it in one of three forms, sometimes one way and sometimes another way.

1. The powder in proper size doses. 2. In suspension—in syrup or glycerine. 3. Made into tincture with whisky or brandy. I frequently give it in the latter form in the last stage of typhoid.

The dose, usually, is from one-half to two grains every one to four hours. But in inveterate cases of periodicity I give as much as six-grain doses with good results. If the dose be too large, headache will be produced with nervousness. In writing this article I have only aimed to give a brief outline of indications and conditions, and the range of action of this efficient and valuable drug. I trust others will try it and report results. Remembering its range and direction of action, its antiseptic, anti-periodic, stimulant and tonic properties, thus constituting it a powerful conservator of life, and thus prescribing it, I believe it will soon become a favorite with all who thoroughly test it. —*American Medical Journal*.

The Deteriorations, Adulterations, and Substitutions of Drugs.

In a report recently made to the National Board of Health on the subject of deteriorations, adulterations, and substitutions of drugs, Dr. C. Lewis Diehl has presented a large number of facts which should have much interest both to physicians and pharmacists. As preliminary to certain elaborate statistical tables which he has compiled, Dr. Diehl gives a brief history of the drug market in this country. It is shown that, since the law of 1848, prohibiting the importation of impure drugs, there has been an enormous amount of adulterated articles kept out of the country. Such protection to home industries, naturally stimulated the business of adulteration among American manufacturers. Through the persistent efforts largely of the American Pharmaceutical Society, however, frauds in the drug market have been considerably checked, and its present condition is, according to Dr. Diehl, unqualifiedly fair. By this is meant not that poor and adulterated drugs are absent in the market, or that inferior medicines are not dispensed in our pharmacies, but that persons who really wish ar-

ticles of standard quality have very little difficulty in getting them. This qualification, of course, applies especially to pharmacists. When it comes to stating what patients can get and what is the quality of the drugs actually given out to the public from the retail stores, we doubt whether so favorable a view can be taken. There are a good many elements tending to make the prescription matter of the average retail druggist below the degree of quality which may be designated as "fair." The law against importing inferior drugs is, confessedly, in many ports not carried out rigidly or intelligently. The desire of the patient to get his medicine at the lowest rates, and the desire of the druggist to make all the money he can, tend, with an immense force, to encourage adulterations in the preparation of drugs at home, as well as substitutions and deteriorations in the articles sold at the shops.

The tables given by Dr. Diehl show some of the principal inferiorities in drugs which have been discovered and reported upon in the current literature of the past thirty years. In commenting upon these statistics, some facts in regard to forms of preparation most frequently adulterated are given. Thus it is stated that powders present the most successful field for sophistication: and owing to their physical condition, it is often difficult to detect the foreign admixture. So systematic has been the practice of adulterating powdered drugs, indeed, that in many drug mills regular formulæ for the preparation of pure and genuine powders have been and probably still are in use. A popular formula for powdered opium was: "Turkey opium, 50 pounds; Egyptian opium, 25 pounds; biscuit, 40 pounds." Rhubarb is a drug which, in a powdered form, it has been customary to adulterate. The volatile oils have been, and still are, shamefully adulterated. All the cheap grades of the tarry oils, of lavender, rosemary, and red thyme have been greatly adulterated with turpentine. The galenical preparation of the shops are not well spoken of by Dr. Diehl; and he corroborates the fact, which every physician must know, that infusions and decoctions are often made simply by mixing the fluid extract with water. The worst that can be said of tinctures, fluid extracts, and solid extracts, is, that they are generally liable to vary in strength.

It is, of course, hardly possible to get a very definite idea of the commercial quality of the medicines as dealt out over the counter. We can tell something in regard to this, however, by a study of the drug market, and by comparing the reports of individuals or committees who have made special examinations into the matter. From tables thus compiled we learn that, out of a list of two hundred and twelve drugs, which includes about the whole materia medica, one is pronounced very good; seventy-three good, fifty fair, thirty-three valuable, and nine very indifferent. The quality of the remaining forty-six depends upon various conditions, but good articles can for the most part be obtained if the buyer desires it.

A survey of all the facts presented leads us to one at least very plain conclusion: that the purity of our drugs depends almost entirely on the honesty of our druggists. Good drugs are obtainable if they will only be obtained. We should by no means, however secure pure drugs by simply preaching morality, and expect the druggist to ignore the laws of business

and make himself an isolated spectacle of moral grandeur. There must be laws, better executed than the present, for preventing foreign importation and home manufacture of inferior drugs; there should, we believe with Dr. Diehl, be legal restrictions upon the profession of pharmacy, which would secure to it a higher educational status and a more definite responsibility to the state. Finally, and this is the part which especially concerns medical men, it should be the practice of physicians to see that their prescriptions are filled with pure drugs. This is a point about which many physicians are much too careless. And it is one which, if actively attended to, would do more than all else to secure purity in the drug market. If physicians insist that their patients get their medicines at reputable places, even though the price is slightly greater, such reputable places will increase in number. It would be easy to teach the patient that establishments which advertise to undersell various staple drugs are unsafe. Such instruction and a more active attention to the proper filling of his prescriptions, form a part of the duties of the physician.

[The paper of Dr. Diehl "draws it very mildly" indeed, for the fact is that the medicines dispensed by the retail druggists are as badly adulterated as before the laws for preventing the importation of inferior drugs were passed. Almost every article is sophisticated. Even quinine is mixed with cinchonidia. Morphia is adulterated with cinchonidia one-eighth, one-fourth, one-half. Santonin is adulterated with chlorate of potash so that it represents one or two of the first to fourteen or fifteen of the second. Fluid extracts are so uniformly inferior in strength and quality that we hardly need name it to our readers. Much of that sold in the market is wholly worthless as a medicine, its only quality being nastiness.

I object to a prescription practice because of the inferiority of the drugs dispensed, as well as on account of the increased trouble and expense to patients. My experience is that the interests of both physician and patient are best served by dispensing the necessary remedies from the pocket-case. This may be bad for the retail druggist, but if the trade in patent medicines and liquors will not sustain him, he is at liberty to change his business.—F.D.]

Treatment of Leucocythæmia.

Dr. Alfred Carpenter read a paper at a recent meeting of the Medical Society of London on the treatment of leucocythæmia. He pointed out that there was something wanting in the present plan of dealing with therapeutics, inasmuch as members of the medical profession are continually trying processes for the cure of diseases which have been shown to be useless, and that text-books continue to recommend medicines which have never done any good. He then gave the history in general terms of two cases of leucocythæmia which he had met with in private practice, and in which there were singular symptoms, one being associated with intense neuralgia, the other with recurring priapism. The neuralgic case was treated by means of iron, stimulants, and narcotics. In the opion-

ion of the author the remedies only increased the intensity of the pain. He always found that the internal as well as the cutaneous administration of narcotics left the patient more sensitive after the effect of the dose had disappeared, and that they were useless in arresting the course of the disease. He entered a protest against the cutaneous administration of narcotics as only another form of intoxication, and he objected to medical men making themselves parties to so reprehensible a practice. He had found iron and stimulants unable to arrest the course of leucocythæmia, and he urged that their use was only a waste of time. The second case was treated by means of bromide of potassium, iron, quinine, and turpentine. The priapism had recurred at regular intervals for some time; it had not been controlled by any of the ordinary remedies used, but it seemed to be mastered by the use of galvanism.

He deduced five points as worthy of record, and which the author considered to be in a great measure proved by the results of this case (fortified as they were by his experience in the treatment of others.) Point 1 was that bromide of potassium did not arrest the course of the disease, and had no effect upon the enlargement of the spleen in this disease. Point 2, that quinine did not have any beneficial effect in leucocythæmia, and it seemed by this result to separate the disease entirely from those affections of the spleen which are associated with malaria; that even in large doses which were given for nineteen days—viz., twenty-grain doses three times daily—there was no reduction of temperature and no decided alteration in the course which the disease took, the daily rise of temperature being the same as before quinine was administered. The 3d point, that the hemorrhagic tendency (which is one of the symptoms of the disease) was not in any way arrested by the use of perchloride of iron. Point 4 was shown in the inability of turpentine to stay its progress, which seemed to show that iron and turpentine would be beneficial in those cases in which the blood had not altered from its natural state, but that both were useless in conditions such as arose in leucocythæmia. The 5th point was that aperients were worse than useless.

The author concluded by pointing out the possible connection between the disease and eczema. All the cases he had met with had been preceded by that disease, and he asked members of the Society to give a good trial to arsenic in any cases which might come to their notice, and to publish the result, but not to waste their energies in using bromides, quinine, salicin, iron, turpentine, stimulants, or narcotics. — *Lancet*, Jan. 31, 1880.

On a Group of Symptoms probably arising from Neurosis of the Vagus Nerve.

Rosenbach (*Deutsche Med. Wochenschrift*,) says that between the ages of twenty and thirty, there arises, probably especially in man, after undoubted fault of diet, an affection of the stomach in which the essential difficulties in respect to digestion are put in the back-ground on account of certain nervous symptoms. The attacks are characterized by apnoea, palpitation, or (most frequent) a rhythmic action of the heart, pulsation in the region of the abdominal aorta, depression of mind, feeling of hun-

ger, which rises to ravenous hunger, slight discomfort in the epigastrium and constipation. The longer the affection lasts—especially as the etiological connection with dietetic errors is often not recognized, and the patient's fears are confirmed by a treatment directed towards the heart symptoms—the more the psychical depression grows, while the gastric symptoms come gradually into the foreground. The chalky color of the face is also characteristic of the first stages of the affection. Rosenbach thinks that these appearances are best explained by reflex irritation of the vagus, brought about by an injurious action on its gastric branches. The prognosis appears, according to the cases observed thus far, to be favorable. When the diagnosis is made in any case, attention must above all be directed to the removal of the causes acting injuriously; thus the regulation of the diet suggests itself as the most important point in the treatment.

Hydrate of Chloral in Acute Gastro-enteritis in Children.

Prof. Adolf Kjellberg, of Stockholm, contributes to the *Nordiskt Medicinskt Arkiv*, a short article to show the value of chloral in the treatment of acute gastro-enteritis:

What renders the treatment of this disease especially difficult is the great irritability of the stomach, and the violent attacks of vomiting which accompany it, the child rejecting all that it receives, whether medicine or food. To endeavor to arrest these attacks of vomiting is the principal indication for which hydrate of chloral answers better than any other remedy. Rapidly absorbed, as a rule it stops the vomiting, has a calming effect upon the child, and often stops diarrhoea. In consideration of the irritability of the stomach, it is given in the form of an enema, administered, preferably, after a stool. The dose, from twenty-five to thirty centigrammes for children of five to six months, is increased to fifty to sixty centigrammes for those of from twelve to fifteen months. The amount of the injection is only a dessertspoonful. These injections may be repeated, if necessary, two or three times a day. If these doses prove to be too small in any special case, it is proper to increase them. Other remedies are employed at the same time, such as ice-water, cognac and champagne frappe for the vomiting; opium, and an astringent, as internal remedies, or as injections, etc., for the diarrhoea; warm baths, with mustard, for albuminuria, if it shows it itself; stimulants to ward off collapse, etc.

Therapeutic Uses of Pilocarpin.

Pick (*Vierteljahres, fur Derm. und Syph.*) has made a trial of pilocarpin in various forms of skin diseases. In most cases, a dose of one centigramme given internally twice daily stimulated first the secretion of saliva, and four or five minutes later that of sweat. In all the cases in which decided effects were produced, the action became less powerful after three or four weeks, so that, in order to secure continuance of effect, the dose had to be increased. If it were discontinued altogether for eight days, the same dose, on being again given, produced the original effects. When

pilocarpin had been taken for some time, the skin became softer and more yielding, and the sebaceous secretion more abundant. No ill effects were observed. In prurigo (Hebra) it stimulated the secretion of sweat on the affected skin after a few weeks, and speedily alleviated the disease. In periods varying from 48 to 105 days the skin became healthy. Relapses supervened, but the diseased condition was not so intense as that previously existing, and was speedily relieved by the renewed exhibition of the drug. Against psoriasis, even in double doses, it proves valueless. In the acute stage of eczema it was injurious. In the chronic stage, with infiltration, it was, on the contrary, beneficial. Three cases of hæmorrhoidal eczema were cured by it after they had resisted other treatment for years. Two cases of pruritus senilis were cured by it; in one it failed; in a case of pruritus vulvæ, following delivery, recovery was complete in three weeks. Recovery also followed its use in urticaria chronica. Encouragingly, but less decisively, the author speaks of its use in alopecia with pityriasis.

Tuberculosis as an Infectious Disease.

Dr. L. G. Bryhn (*Norsk Magz. for Lægevidensk and Nordiskt Mediciniskt Arkiv*, Band xii.) relates some cases in proof of the infectious character of pulmonary tuberculosis, of which he has become convinced by observation made during a practice of thirty years' duration. A phthisical man married a woman of healthy family; the man died, the woman became phthisical, as did also her sister, who resided in the house during the man's illness. The latter married a man of great strength, of sound family; he, too, was attacked, and also his sister's daughter, who resided some time in the house. One of their children died of tubercular meningitis, two had signs of pulmonary tubercle, one was free. The girl who served the first man's wife became tuberculous, went home, and died. Her sister was infected by her; both their parents had lived to a great age, and tuberculosis had never before shown itself in their family.

***Intra-Uterine Tumors.* By Dr. KIDD, Dublin.**

An unmarried woman—a governess—who had never had children, came to the hospital on the 5th of March, 1878. She had profuse hæmorrhage, by which she was very much run down, and when it ceased a copious discharge of serous fluid went on. On examination he found the uterus low down in the pelvis, and enlarged. It filled the concavity of the sacrum, and extended up to the hypogastrium. The uterus was not only large, but was very much retroverted. He introduced six sea-tangles, and succeeded in getting in fourteen the next day. He got his finger into the uterus, and, with the benefit of the assistance of the President, found a large tumor projecting into the cavity of the uterus, with a very broad base of attachment growing from the anterior wall of the uterus near the fundus, and projecting along the posterior wall, which it bulged out. The attachment was so broad that it was impossible to surround the tumor with a loop of the ecraseur, and he had to proceed to detach it with his finger. He ruptured the covering of the tumor

with his finger, and he detached it with Sims' enucleator; with great difficulty he got it through the os and out of the uterus. It weighed 5½ ounces, and was nearly five inches in length in its longest diameter.

The patient made a perfect recovery, and was able to resume her professional work.

The tumor which he removed in the next case was contained in the bottle before them. He removed it within a few weeks from the uterus of a young unmarried lady. She had been suffering very much for some years from hæmorrhage and pressure of the tumor upon the bladder, which caused her great distress. She went to London about a year ago, and consulted one of the most eminent gynæcologists there. He dilated the uterus, made an incision in what he believed to be the capsule of the tumor, and gave ergot, but did not think it practicable to remove the tumor. He stated in a letter to him (Dr. Kidd) that he believed the only thing for the patient was the performance of Battey's operation, namely, the removal of the healthy ovaries, in the hope that would put a stop to menstruation, and check hæmorrhage, or the removal of the entire uterus. On examination he found that he could pass the sound along the bulged-out wall of the uterus, and came to the conclusion that it would be practicable to remove the tumor. Accordingly, he introduced seatangle, and on examination with his finger found that the tumor, grew from the posterior wall of the uterus high up near the fundus, and that it was covered over with muscular fibre. With the assistance of Dr. Roe and Dr. Mason he detached part of the tumor with his finger and the rest with the enucleator, but, as in the previous case, he had great difficulty in getting it out through the os. The operation was performed on the 28th of May, and the patient has since made a good progress towards recovery, her pulse never having exceeded 84, and her temperature not having gone up.

On the 25th of January a patient from the county of Meath was admitted into the Coombe Hospital. She had previously come once or twice to his house, and on the last occasion was so blanched from hæmorrhage, weak, and exhausted, that he induced her to go to the hospital. On examining her he found a mass of tumors occupying the hypogastric and right iliac regions. One of them, on the right side, was the size of a hen's egg; another, in the centre, was rather smaller, and a third lay still deeper. All were movable in the abdomen, and in relation to each other, and were evidently sub-peritoneal. On passing his finger into the vagina he found a large hard tumor occupying the anterior half of the pelvis. It was movable, and had pushed the uterus forwards and upwards to the right side. It projected into the cavity of the pelvis and lay much lower down than the uterus itself. In fact it had pushed the uterus up into the abdomen. On passing the sound into the uterus he found that the small central tumor in the hypogastric region was really the fundus of the uterus pushed up. The cavity of the uterus was 4½ inches in length. The diagnosis was that the case was one of sub-peritoneal tumors and a large intra-uterine tumor.

The hæmorrhage was attributed to the latter, and was very great. They kept her for some time in the hospital, and treated her with hypo-

dermic injections of ergot. After a little the intra-uterine tumor began to come down. The os dilated so he could pass his finger into it. He dilated the uterus by passing three pieces of prepared sponge into it, and applying an ecraseur, divided the pedicle of the tumor without any great difficulty. They had considerable trouble in getting the tumor out. The patient made a rapid recovery and went home, and she had paid him a visit since. She menstruated naturally, and while the cavity of the uterus was still large all hæmorrhage had ceased.

He had one more case—namely, of a lady from the north of Ireland, who came to him with a letter from a medical man. saying that she had long suffered from hæmorrhage. On examination he found a very much enlarged uterus, running nearly as high as the umbilicus. She was very anæmic, and had a peculiar soft watery look. On examination with the sound he found the uterus bulged out anteriorly, and a tumor growing from its posterior wall. The tumor was very convex, and he could not move the sound freely round it. He tried with the sound to measure its size, and to ascertain the exact position of its attachment, and in doing so he believed he lacerated the capsule of the tumor, for she had considerable hemorrhage and, after a few days, a portion of the tumor sloughed and was expelled. After a short time another portion of it was expelled, and finally he was able to grasp a third portion with a forceps and twist it out. The remainder subsequently came away without further operation. It was remarkable that after the first slough came away the os closed, and action apparently ceased. After the second portion sloughed the os again closed. The lady had had a tedious convalescence, but she was progressing towards recovery. A considerable amount of inflammatory action and swelling round the uterus went on after the tumor came away. The uterus was now of normal size, and the menstruation very trifling—*Obstetrical Journal*.

Uterine Hemorrhage.

A New Means for the Prevention of Hæmorrhage in Operations upon the Female Genitals is the title of a long paper by professor Courty, of Montpellier. This remedy is the injection of hot water—that is, water as hot as the patient can bear it, practised several hours of several days beforehand, according to circumstances. The usefulness of such injections, he thinks, might be inferred beforehand, from the curious effect in stopping uterine hæmorrhage, of heat applied, more or less near the uterus, in the lumbar region, or the vagina, &c. He refers, in illustration, to the writings of Chapman, Atthill, Gueneau de Mussey, and Emmet. He has now seen enough in his own practice, and that of others, to prevent him from having any doubt that hot-water injections will temporarily, if not permanently, arrest uterine hæmorrhage. He looks upon it as a very natural transition from a hæmostatic action to infer a “decongestive.” He has therefore often recommended hot-water injections in diseases accompanied with congestion, and with satisfactory results. From this he was led to recommend their frequent and prolonged use as a preparatory treatment for operations likely to be attended with hæmorrhage. He has

thus used it before performing incision of the cervix, removal of, or plastic operations upon, that part, vesico-vaginal fistula, &c., each time with the result, he believes, of much greater facility in the performance of the operation, from the absence of the oozing which often obscures the surgeon's view of the part he is dealing with, as well as much less actual loss of blood. He does not think it is necessary for the patient, in using these injections, to assume the inconvenient posture usually recommended—i. e., the pelvis raised, shoulders low, thighs flexed, &c.—but considers them equally efficient if the patient uses them on an ordinary bidet, and with a syringe capable of containing a good volume of fluid, and of being introduced well up into the posterior cul-de-sac. These latter points he looks upon as of great importance.—*Annales de Gynecologie.*

Injections of Ergotin in Prolapsus of Rectum and Hæmorrhoids.

At the meeting of the Therapeutical Society in December (*Gaz Hebd.*) Dr. Ferrand related the case of a lady thirty-five years of age, who during three years had suffered from rectal and hæmorrhoidal prolapsus to the extent that she could not walk about a room without a tumor almost as large as a fist descending, inducing most acute suffering. The tumor could be reduced, whilst lying in bed, by means of a prolonged and very painful taxis, which had to be repeated after every stool. Having tried all the usual remedies in vain, Dr. Ferrand performed a subcutaneous injection of ergotin, depositing 1 gramme 20 centigrammes of a solution composed of glycerine and water aa. 15, and alkaline hydrated extract of ergot 2 parts, in the ischio-rectal fossa beside the hæmorrhoidal projection. Considerable amelioration resulted, and three other injections were practised at intervals of twenty days, ten days, and a month, with the result of effecting a cure. The patient was seen six months afterwards, and it was found that the prolapsus was not reproduced in walking, going up many flights of stairs, etc. Dr. Vidal related a case in which a complete cure of hæmorrhoidal prolapse which had resisted all treatment was effected by means of twenty-two injections of Bonjean's ergotine (one part to five of distilled water), in quantities gradually increased from fifteen to twenty-two drops. In two other cases which he has since treated, five and six injections sufficed. Dr. Vidal latterly has preferred, however, Yvon's solution of ergot to Bonjean's ergotine as causing less pain.

Transmissibility of Tuberculosis by Milk.

M. Puech having recognized the existence of phthisis in a cow which was sold for killing, and yet continued to yield three or four litres of milk daily, fed with the milk two sucking pigs and two rabbits. He has communicated the following results to the Academie des Sciences. The animals, when killed, showed tuberculous lesions in strict proportion to the length of time the milk had been administered. The facts, according to M. Puech, show that phthisis is transmissible by milk direct from the cow. It remains to be determined whether this liquid loses its con-

tagious properties when it is boiled. M. Bouley afterwards submitted to the Academy a jar containing fragments of the lung, liver, spleen, the phrenic centre of the diaphragm, and the bronchial and submaxillary glands of a pig, five months old, killed sixty-seven days after an inoculation of two cubic centimetres of meat juice, pressed with an hydraulic press out of a fragment of the ischio-tibial muscles of the tuberculous cow mentioned in M. Puech's note. This experiment was made at Toulouse by M. Toussaint of the Veterinary College. Examination of the fragments in the jar showed tuberculous lesions in a very advanced condition. M. Bouley said that these facts, which demonstrate beyond doubt the transmission of tuberculosis from the cow by the alimentary use of unboiled milk and the inoculation of the juice of uncooked meat, should not pass unnoted. In addition, they are not unique, since in Germany, experiments of the same kind have been made, and have yielded identical results, to which, however, it does not appear that sufficient importance has been attached. The danger is, according to M. Bouley, indubitably a real one; and it is well that the public should be warned of it, so that they may take proper precautions, especially as the use of raw meat is now often prescribed as a remedy for anæmic disorders. The outcome of these facts is, that inspection in regard to phthisis occurring in cows should be extremely strict in the slaughter-houses, and that it would be prudent to make use of boiled milk, especially for the feeding of infants, when the source whence it is derived is not beyond suspicion. Cooking, which destroys cellular and parasitic life, should render both milk and meat harmless.—*Brit. Med. Journal*, July 31, 1880.

Therapeutic Use of Pancreas.

All attempts to utilize in a therapeutic sense the very active properties of the pancreatic juice have hitherto failed. This want of success, according to Engesser (*Deutsches Archiv. fur Klin*), is owing to the necessity by a natural tendency of first isolating the ferments, in order to administer them afterwards in the pure form. These isolated ferments being destroyed by the pepsin of the stomach in normal digestion, the only field left for their use is the very limited one of the large intestine. The pancreatic parenchyma, or even the fresh watery extract, on the contrary, retains its digestive properties whilst passing through the stomach. This point, though difficult to explain, is supported by numerous observations and experiments.

Unfortunately, patients take the pancreas cut into small pieces, or pounded and passed through a sieve, with the greatest repugnance. To avoid this serious drawback, since the use of the pancreas should be greatly prolonged, the author has had many preparations made. He finally settled on the following method. The gland, cut in small pieces, was reduced in vacuo at 104° Fah. to an extract, then treated during forty-eight hours by absolute alcohol, which is afterwards carefully evaporated. A coarse, light brown, highly hygroscopic powder is thus obtained, which patients take without disgust, and which possesses all the properties of the fresh watery extract.

If clinical observations be consulted, it will be found that the action of the pancreatic juice is clear enough, but that the indications for it remain very limited up to the present time. Fles published in 1864 the case of a diabetic patient who ate a great deal of meat and fat, and in whose stools a quantity of fatty matter and muscular tissue was found in an unchanged condition. The use of the pancreatic juice caused these undigested fragments to disappear immediately, but they re-appeared directly when the administration of the drug was left off. This remarkable observation may be considered as a type of the circumstances in which the pancreatic parenchyma may be usefully employed. Engesser has obtained good results in cases of acid dyspepsia, etc., whenever the presence of undigested muscular fibres is detected in the egesta. The use of pancreatic juice has in every instance removed these fragments, but produced very slight improvement in these essentially chronic diseases.—*London Med. Record.*

Points in the Surgery of the Urinary Organs which every Practitioner ought to know.

At the meeting of the Harveian Society of London, April 15th, 1880, Mr. Teevan read a paper on the above subject, an abstract of which was published in the *Medical Press and Circular*, April 28th, 1880:

The *first point* he brought before the Society was that retention of urine in children is always caused by a stone, unless there is some mechanical obstruction to the escape of urine, such as a contracted meatus or tight foreskin.

Second Point.—That incontinence of urine which is diurnal as well as nocturnal, may be caused by a calculus impacted in the deeper portions of the urethra. He explained how it was that in one case a stone would give rise to retention, and in the other to incontinence. When a calculus was at the meatus internus it was accurately and firmly embraced by the sphincter, so that no urine could escape. When, however, the stone advanced half an inch further forward, it acted as a gag and prevented the sphincter from closing, so that the water dribbled away along the sinuities in the calculus.

Third Point.—That incontinence of the urine in boys may be caused by a congenitally-contracted meatus. If the urine could not escape freely in the act of micturition, reflex irritation was set up, and dribbling took place.

Fourth Point.—That dribbling of urine in men signifies retention, not incontinence. He explained the apparent paradox, showing how in cases of enlarged prostate or stricture, the patient always left some urine behind after each act of micturition, which gradually accumulated, the over-distended bladder not being able to contract on its contents, the action of the sphincter being still perfect. At last, however, the sphincter became weakened a little by great pressure, and leakage followed, so that urine was always dribbling away.

Fifth Point.—That if, when a catheter was passed in a man, the urine was expelled with great pain and violence, not only through the instru-

ment, but in streams by its sides, there must be a calculus impacted in the deeper portion of the urethra.

Sixth Point.—That it is not possible to empty every man's bladder with a catheter, as the organ is sometimes sacculated.

Seventh Point.—That a gleet of more than six months' duration means an incipient stricture.

Eighth Point.—Behind an enlarged prostate always suspect a stone, as there are in that complaint all the conditions present for the local formation of calculus.

Ninth Point.—If a man who complaining of painful and frequent micturition is worse in the day than in the night, he most likely has a stone. Prostatic cases were much worse at night than in the day, whereas calculus patients were most comfortable while in bed, but when they moved about in the day they suffered greatly from the movements impressed on the stone.

Tenth Point.—When a man who complained of frequent and painful micturition was much worse when riding in a vehicle or on a horse, he most probably suffered from stone. The explanation in the former point applied exactly to this also.

Eleventh Point.—Before delivering a child, see that the mother's bladder is empty.

Twelfth Point.—If a woman has retention of urine after childbirth, she ought to be relieved with an elastic olivary catheter, the interior of which was completely filled by a bougie. For the want of this precaution the catheter often became plugged with mucus, and cystitis was set up by the nurse's ineffectual attempts to withdraw the urine.

The Treatment of Asthma.

Dr. Berkart states that in many cases the asthmatic paroxysms may be speedily removed by the use of pilocarpin. The relief thus obtained is due not merely to the suppression of the painful perception of the dyspnoea, but to the removal, as far as practicable, of its immediate and remote causes. Moreover, the improvement lasts long after the effects of the drug have passed off, and in several instances it was complete. Klebs, it appears, has obtained equally favorable results by the same means. "In the very obstinate forms," he writes (*Allg. Wiener Medizin. Zeitung*), "of catarrhal inflammation of the lungs proceeding from cavities, which again and again return, usually accompanied by fever, but occasionally without it, I have never seen a lasting benefit from the use of so-called expectorants. Here pilocarpin, in doses of one-sixth of a grain applied by subcutaneous injection, has rendered the best services." Dr. Berkart also believes that in all cases of chronic pneumonia, in which the nutritive disturbance proceeds from the surface of the bronchi, and gradually spreads to the stroma of the lungs, or in which it commences in the interstitial tissue and implicates the mucous membrane of the air-tubes—whether the process terminate in atrophy or sclerosis, pilocarpin, provided that the heart offers no contra-indication, will prove beneficial. More speedily and more safely than any other remedy, it relieves the

congestion of the bronchial mucous membrane, favors the expulsion of the obstructing plug of the air-passages, prevents the formation of viscid mucus, diminishes the swelling of the enlarged bronchial glands, and initiates a reparative process, if such be yet possible, in the infiltrated connective tissue of the lungs. To obtain the full benefit which the drug is capable of producing, it should be injected at intervals commensurate to the forces and other circumstances of the patient, until the pathological changes in the lungs are perceptibly improved.—*Brit. Med. Journal*.

Nervous Phenomena of Gastric Origin.

At a late meeting of the Paris Academy of Sciences, M. Leven called particular attention to the gastric origin of a certain number of medullary and cerebral nervous phenomena, which have been frequently attributed either to hysteria or to hypochondria. Thus, in his opinion, neuralgia, dermalgia, muscular and articular hyperæsthesia of the left side, thought to be caused by hysteria, are, as a rule, irradiations from lesions of the stomach. In the same way hypochondria, which alienist physicians describe as a special neorosis, frequently results, either from a dilatation of the stomach or from another affection of that organ. In pursuance of the reigning opinion on the nature of these nervous phenomena, patients are treated by iron and quinine, which only aggravate the gastric troubles and dyspepsia. On the contrary, the affection of the stomach should be treated, and all the nervous irradiations will disappear with it. M. Brown-Sequard observed that it has long been known that all the organs, or, more correctly speaking all the nerves of the diseased organs, might bring on hysteriform phenomena; but it is very certain that the stomach shows disorders which are secondary, and depend on the general hysteric affection. M. Leven did not deny the subordination of the stomach to general neurosis, but he laid great stress on the fact that every diseased organ induces special pathological reflexes.—*Brit. Med. Journal*.

Action of Various Diuretics.

Dr. Maurel, of the French Marine, completes, in the *Bulletin General de Therapeutique*, March 30, a paper on the action of various diuretics, based on clinical experiments. The substances tested were the nitrate, chlorate, acetate and iodide of potash, salicylate of soda, digitalis, colchicum, and squills. The following is his summary of his results:

1. Nitrate of potash, uncertain as regards increase of quantity of the liquid, notably augments the solid constituents of the urine. The most active quantity seems to me to vary from four to six gram. (taken during a period of time, not, of course, in one dose.)

2. The chlorate, less active than the nitrate of potash in increasing the solid constituents, has an effect on the quantity of the urine, which it augments in a sensible degree.

3. The acetate of potash is doubly uncertain, both as regards the quantity and the solid constituents.

4. The iodide of potash, instead of being diuretic, seems to decrease the urinary secretion.

5. Salicylate of soda, uncertain as to its effects on the quantity, increases the solid matters of the urine.

6. Of the three vegetable substances tested, only digitalis is really diuretic. It increases at the same time the solids and the liquids of the urine.

7. Tincture of colchicum is almost inactive upon the urinary secretion.

8. The same is the case with tincture of squills, and the oxymel of squills, which have afforded a great variety of results.

Of these the nitrate of potash is by far the most effectual in increasing the solids of the urine, its figure in this respect rising as high as one-tenth of the whole, while none of the others exceed one-twentieth or one-thirtieth. Only digitalis can be relied on, in the author's opinion, to increase the quantity of liquid, all the others showing great variations in this respect. These experiments were performed on convalescent or healthy individuals. Of course it can not be said positively that they were in the same condition as regards the effects of medicine as the sick, but the difference is altogether an unknown quantity.—*Chicago Medical Gazette*.

Consumption Treated on the Salisbury Plan. By EHPRIAM CUTTER, M. D., Boston, Mass.

Sometime ago I gave the leading ideas of the Salisbury plan in this Journal. For the benefit of those who did not peruse that paper, the following concise statement is introduced. This will enable the student to take the significance of the actual cases presented. Dr. Salisbury regards consumption to be a diseased condition or state that is at first systemic, then local, found in the blood one year generally before the organic pulmonal disease. This is the pretubercular state. The Salisbury plan diagnosticates this state by the addition of a new physical sign. The prime element of the disease is defective alimentation, by which a vegetation is introduced into the blood through the alimentary canal. This vegetation is a yeast plant. Tubercle is an accident or secondary condition due to capillary embolism. This embolism is caused by the presence of the yeast vegetation, by the massive fibroid filaments and by the enlarged massal white corpuscles aggregating together. These abnormal form elements make up an essential part of the Salisbury morphology of consumptive blood.

The treatment on the Salisbury plan consists in the removal of the yeast from the blood by starving out the yeast. This is done first by regulating the food and giving appropriate medicine. The studies on which this plan is based, extend over a period of 25 years and embrace thousands of cases. The evidence of this statement is as follows: In 1858 Dr. Salisbury had ready for the press, a work in which he describes his experiments with over 2,000 swine. They were fed in various ways, but 1026 were fed on food filled with yeast. In ten weeks time 246 swine died, 104 of them were examined after death and all were found to have

in the lungs, the disease known as consumption. At about the same time Dr. Salisbury made bread with flour raised with the yeast found in the diarrhoeal dejections of a third stage consumptive. In 1878 I repeated this experiment and send a sample of the bread to the editor of this Journal. Per contra, Dr. Salisbury examined one hundred well swine that had been fed on good sound corn, and found hardly a trace of tubercle in their lungs. Again Dr. Salisbury took healthy men—hired by the day—and fed them as he fed the thousand hogs. In every case consumption of the bowels was induced in from 10 to 15 days.

Here is presented a plan that embraces the cause or rather the synthesis of the disease in animals, verified by *post mortem* examination. The morphology of the blood is photographed. The reduction in size of the enlarged white blood corpuscles to a normal state, the dissipation of the spores and spore collets, and the restoration of the red discs towards a normal condition, have been photographed and are on record; indeed, the demonstration is made daily. To crown all, cases are cured and the profession is asked to examine them by Dr. Salisbury.

Can anything more be done to present the matter? Yes, there can. Dr. Salisbury, in connection with myself, offers to go to New York and treat twenty-five cases of consumption sent by intelligent physicians of good character, with a written diagnosis of the case so that there shall be no disagreement afterwards. The physicians to watch the cases through the treatment for three months. If possible arrangements should be made to take photographs of the blood from time to time as records of the progress of the cases, and at the expiration of a year the physicians shall be invited to meet in counsel and judge on the results by the histories. In this way it is thought that it can be decided best, if the experience of Dr. Salisbury and myself can be realized under other conditions where the profession can watch the progress for themselves, and where the treatment shall be fully and carefully carried out without let or hindrance. The full text of the treatment may be found in the Sept. 1879 No. of the *Virginia Medical Monthly*, Richmond, Va., or the *Scientific American*, Supplement 198, price ten cents.

The full exposition has been ready for the press for some time and waits to be produced when asked for. Dr. Salisbury is in no haste, but when the writer considers how far inferior are the present unsatisfactory modes of treating this disease and how much less they have to bring forward to their support, he thinks that one-fourth of a century is long enough to wait. As things now go, one-fourth of the very physicians who read this paper will in all probability, die of consumption, to say nothing of their patients. So then, it seems to the writer that no time should be lost in the proper presentation and demonstration of this plan. At any rate after this I can not be blamed for not having tried to make known the new information as to the cause and cure of disease. The following letter is submitted as evidence. It was written in reply to a request for positive information.

CLEVELAND, O., May 28th, 1880.

DEAR DR. CUTTER:—The following are a few cases of consumption cured which were in the last or breaking down stage of the disease. They

are selected at random from a long list, which were in the last stage of the disease when treatment began, and which may be called well, as they are better in most cases than ever before.

Case 1. Miss Lingerfield, now Mrs. Bedell, of Mt. Vernon, Ohio, came into my care in about 1868. She was in the last stage of consumption, having chills, diarrhoea and sweats daily. She was much reduced in flesh; lungs were breaking down interstitially. Put her on the rigid lean beef diet. She began at once to improve and gained rapidly. She consumed about three pounds of lean beef daily. She gained so fast that I gave my consent to her marriage to Mr. Bedell, in about eight months after the treatment began,—with the understanding that the treatment should not in the least be interfered with. She is now well, and perfectly restored to health, having borne, I understand, several children.

Case 2. Mrs. Carrie Barkhuff, corner Sibley and Greenwood streets, Cleveland, Ohio, came into my care in 1866. She was in the last stage of consumption, having had several hemorrhages, and lungs had been for some time breaking down interstitially. Her physician had given her up to die, telling her husband that nothing more could be done, and that she was beyond all human aid. She was placed upon the rigid lean meat diet. She was resolute, determined to get well, and followed directions to the letter. She made blood and gained rapidly, so rapidly, that in one year's time, she was doing all her own house work. Her recovery was complete, she remains perfectly well to this date, and is as fresh, robust and healthy a lady as you will find in this city. She is still a great lean meat eater.

Case 3. Mr. E. L. Norton, 230 Pearl street, Cleveland, Ohio. He came into my care in 1876. He was in the last stage of consumption. Had not spoken a loud word for some months, was scarcely able to walk. Came to Cleveland to die where he had a sister living.

He concluded, after I held out some encouragement to him of getting well, to make a trial. He was placed on the rigid lean meat diet. He soon began to gain. The cough gradually lessened, the blood vessels began to fill out, the urine became clear, the appetite good, and in a few weeks the voice returned. Before a year was up he was able to go into business. He has been gradually gaining, and is now one of the strongest men in Cleveland, for one of his size. His muscles are all round and hard, and he has great endurance. From the date the treatment began to the present, he has averaged from two to four pounds of lean beef daily, and has eaten it with great relish.

Case 4. Rev. R. P. Redick, Wooster, Ohio, came under my care in Aug. 1879. Was in the last stage of consumption, cough severe, quite emaciated and very weak. Placed him on the rigid lean meat diet. He was resolute and determined to get well. He followed the directions to the letter and gained rapidly without a single set back, so that on the first of April, 1880, he entered upon his duties and took charge of a church, and has been preaching since without the least discouragement. He is quite well, he has averaged about three pounds of lean beef daily since he began treatment.

Case 5. Miss Kanke, Wooster, Ohio, during 1868, came into my care. She was 15 years of age, and was in the last, or breaking down stage of

consumption. Was very much emaciated and feeble. Had long before been given up to die. She was placed on the rigid lean meat diet. She was resolute, and followed all the directions to the letter; the improvement was rapid. In a year's time she was quite restored, having become a strong healthy appearing girl. She has remained healthy and robust.

Case 6. Lieut. Chance, U. S. army, now stationed at New Orleans, came into my hands in the summer of 1877, in the last stage of consumption aggravated with chronic diarrhœa, and fatty disease of the heart. He was very much emaciated and scarcely able to walk. He was placed on the rigid lean meat diet. He was resolute and followed all my directions to the letter. He gained rapidly so that in a little over one year's time he was able to return to his regiment. He is now well and in better health than he has been for years.

Case 7. Mr. Boss, Newark, Ohio, came into my care in Feb. last, in the last stage of consumption. Had been given up to die for the last two years. Was suffering, and had been for some time, with chills, fevers and night sweats till he could scarcely stand without help. He was placed on the rigid lean meat diet. He has gained rapidly, without a single setback, is now free from cough and all the troublesome symptoms of the disease, and is gaining strength and weight rapidly. He has not felt so well for years. He has been a splendid patient to follow up the directions to the letter.

Case 8. A. S. Longenseker, Winesburg, Ohio, was just entering the last stage of consumption when he came into my care in Aug. 1879. He was placed on the rigid lean meat diet, and has improved very satisfactorily, so that now he is quite robust and able to attend to business.

I can send you many hundred cases like the foregoing, all of which can be referred to if desired.

I remain sincerely yours,

J. H. SALISBURY."

Remarks:—Objectors that the diagnosis is not clear enough are invited to furnish cases of their own, with which they are satisfied, or go to Cleveland and examine for themselves. The plan is so comprehensive and includes so many points that it is not expected it would be understood at sight. It relates, 1. To drinks of hot water, tea, coffee, or beef tea for drinks. 2. To meats of boiled beef steak, chicken, game, lamb, mutton, fish and eggs. 3. Bread of flour, or graham flour, free from sugar and raised with yeast, boiled rice, cracked wheat or oat meal mush, but only in proportion of one part by bulk to from four to six parts of the meat. 4. Butter, pepper, salt, Worcestershire or Halford sauce, mustard, horse radish, lemon juice and celery. No other food. 5. A system of bathing. 6. Do. of clothing. 7. Meals must be taken at regular intervals alone, or with like dietists. Extra meals allowed when desired. 8. Some good tonic before meals. 9. If diarrhœa, some astringent. 10. Pepsine, lacto-peptine or pancreatine after each meal. 11. Carbolic acid, one-half drachm to eight ounces of water, ol. menth. pip. gtt. x. Take one teaspoonful in water after each meal if the stomach is sour. 12. To tone up the nervous system, pills of phosphorus 1-100 gr., strychnia 1-100 gr., ferrous sulphate 2 grain, two hours after breakfast and dinner. 13. Local tonic throat, spts. ammonise aromatica, 8 ounces, salicinæ $\frac{1}{2}$ drachm.

One-half teaspoonful in a wine glass of water after each meal one hour. 14. Constipation removed by the mildest measures. 15. Belladonna plasters applied to the chest. 16. For hemorrhage, provide patient with atomized persulphate of iron, 1 drachm to one pint of water, for immediate inhalation. 17. Salzburg porous plasters, one on bowels and one between shoulders. 18. The use of the microscope in the examination of the blood sputa, sweat and fæces, to tell the real condition of the patient so that there may be no deceptions practiced.

Of course it is not expected that the patient will take all the medicines stated. This is to be left to the judgment of the physician. While, however, it is possible in my experience to get good results without any medicine whatever, still such is the nature of the human race it is best in the long run to give some medicines. It requires a mind of more than ordinary mould to be willing to be treated without medicine. I have met with such cases and cured them.

Again. The Salisbury plan includes a belief of the germ theory of disease. Those of the profession who disbelieve, are daily becoming less in number and it may be stated that while there is much to be learned, there is so much evidence already accumulated, that to disbelieve it seems like flying into the face of facts of the natural history of disease. At any rate we would advise those who express any opinion, to do so after they have looked over the whole plan.

From what has been said it will be seen that food is, as Dr. Salisbury says, "an agent of tremendous power." for good and evil. We hope the time will soon come when our dietary will not be made out by the æsthetics of sense alone, but also by the evidence from the chemical, botanical, kinetic, physiological and pathological points of view, as well. The subject is too important to be left to the French cook, the hosteler, or to whim. It belongs to such medical men as Dr. Salisbury, to lay down the rules of eating, as his labors are probably the most comprehensive and practical of dietists.—*Mich. Med. News.*

Essence of Winter-Green in the treatment of Purulent Cystitis, etc.

M. Perier has treated a patient suffering from purulent cystitis by washing the bladder out with an antiseptic substance, hitherto more employed by perfumers than by chemists, the essence of winter-green (*Journal de Medicine et de Chirnergie*, May, 1880.) It is a powerful antiseptic with a penetrating and rather pleasant odor, not at all of an irritating character. Unfortunately, it is but little used. Its somewhat high price would be no obstacle to its use, because it is only employed in small doses. The essence of winter-green is obtained from the *gaultheria procumbens*, a shrub which grows in North America. This essence is known chemically as salicylate of methylene or salicylic methylether. It is not soluble in water, and some difficulty is experienced in dissolving even small quantities of it. M. Perier has often had recourse to the following solution: Essence of winter-green, 6 grammes; tincture of quillaya saponaria, 30 grammes; water, 1 litre. He uses this solution freely for

washing out the bladder with excellent results, and without causing the least irritation. It constitutes an excellent fluid for the washing of wounds and for simple dressings. M. Perier likewise combines wintergreen with vaseline, so as to make an antiseptic and inodorous ointment. He uses the following proportions: Essence of wintergreen, 1 gramme; vaseline, 100 grammes. He greases his sounds and specula with it, and also uses it to anoint his fingers and hand, for examination by touch. Even in the practice of antiseptic surgery, M. Perier frequently covers his hands with this antiseptic vaseline instead of washing them too often with carbolic acid and water.

EDITORIAL.

The Remedies we Use.

If there is to be certainty in medicine we must have remedies of definite strength and value. The proposition is clear and explicit, and I hope that every reader may see as I do, that this is an essential feature of a rational practice of medicine. We can not work with imperfect tools any better than can a mechanic; if a carpenter should find the bit of his plane made of tin, or to make the resemblance nearer, the place filled with fecal matter; if his augur were made of the handle of a gourd, and his chisel of a piece of spoiled dried beef, he would hardly be able to build us a house. Yet a physician is expected to take any kind of nastiness labeled medicine, and cure the sick with it.

In looking over the field years ago, I was impressed with the fact that reform should commence with the manufacturers of our medicines. It is true that twenty years ago medicines were far worse than they are now—that adulterations were carried as far as possible, so far sometimes that the original was wholly lost—that worthless stuff was sold as “concentrated remedies,” the active principles of indigenous medicines—that fluid preparations were made of old and deteriorated crude material—and that druggists endeavored to do the work of the physician by furnishing any number of compound syrups, tinctures and powders, which were highly recommended for all the diseases to which flesh was heir.

It seemed to me at that time, and I still retain the opinion, that remedies might be furnished pure, and that indigenous medicines might be gathered at the proper time, and prepared for the physician's use without deterioration. It looked like a very simple matter, but druggists did not want to see it. The old ways were ways of pleasantness to them, and as they thought, the ways in which money was to flow in, and they have done their best to continue the old methods.

Even physicians were to be converted from a *compound* pharmacy to a belief in simple remedies, and this seemed no easy matter; when a moderate physician's trade required a barrel of compound syrup of stillingia a week, with other compound syrups, tinctures and powders in proportion, one may imagine the work required.

A commencement was made by showing that a good remedy was very easily prepared, even by the doctor, and hundreds were induced to make

an effort at office pharmacy. A simple percolator, the crude material moistened with alcohol and packed in it, one pint of alcohol to eight ounces of recent crude material passed through it, and you have a good medicine. There can be no mistake about it, the results are uniform, the tincture good looking, the physical properties right, and the effects, when administered, definite. The physician who once prepared his *Macrotys*, *Asclepias*, *Phytolacca*, *Dioscorea*, or other of our common agents, from recent crude material gathered at the proper season, was converted. From that time he knew a good medicine from a bad one, wanted good medicines and nothing else; abandoned the druggists' compounds, and soon became an advocate of small doses of pleasant medicines for direct effect.

As I have remarked before, pharmacy will be much simplified in the future, and as it is simplified it will be improved. The majority of vegetable medicines will be used as *tinctures*, prepared by percolation with a proper strength of alcohol, and they will be known by their official names as *Aconite*, *Veratrum*, *Rhus*, *Bryonia*, etc. A Pharmacopœia will define the strength as, ℥viij. of crude material to alcohol Oj. It will also name the strength of the menstruum. as, alcohol 50, 76, 98 per cent.

In my *Specific Medication* this matter was very clearly stated ten years ago (page 31), and though druggists have endeavored to pick it to pieces it stands as fair to-day as it did then, and I promise that it will be the doctrine of the *United States Pharmacopœia* in 1890, the entire class of fluid extracts, syrups, tinctures, etc., being discarded.

Epidemic Tonsillitis.

This disease still continues, and new outbreaks are reported from different parts of the country. I am satisfied that it is a modified diphtheria, or at least a blood-relation. It is much less severe, as a rule, yet I have seen cases where there was marked constitutional disturbance, and very sore throat, and as much enlargement of the lymphatic glands as I have ever seen in diphtheria. There is this about it, that if not properly treated it will leave permanently enlarged tonsils, and a pharyngeal and nasal catarrh. I have had some cases in charge since my return, where patients have suffered since spring.

This disease is readily recognized, the patient is debilitated, has some fever, complains of sore throat, has a nasal voice with sound of mucus in the throat and trouble to free it by hawking and spitting. We place the patient in a good light, depress the tongue and see the tonsils very much enlarged, the velum pendulum and mucous membrane of pharynx swollen, all of a deep or dusky red color. The swollen tonsils may be felt at the angle of the jaw, and they are painful on pressure, and the external cervical lymphatics are enlarged.

In the early stage, and in simple cases, the disease yields readily to Tinct. Aconite gtt. v., Tinct. Phytolacca gtt. x., water ℥iv.; a teaspoonful every hour. Even very severe cases will yield to this treatment if there is not a strong indication for some of the antiseptics.

This fall sulphurous acid is frequently indicated, not only in this, but in all other diseases. The red tongue, not bright and fiery, not dusky, moist,

rather full, with dirty coating, in so far as it is coated, dirty secretions about tonsils, dirty mucus bathing the throat. The patient has no appetite, indeed with such a mouth and throat there could be nothing but disgust. I give it in half-teaspoonful doses every three hours, with a little water, the object being to get its topical as well as its general action. It is an admirable remedy.

If the tongue is broad, pallid and covered with a dirty, pasty coat (moist), I prescribe sulphite of soda in doses of grs. x., every three hours.

In women at the menstrual period, or when there is the odor of *cynanche maligna*, I use chlorate of potash. It is not indicated so frequently this year as heretofore.

Baptisia has the one indication, the full purplish-red face as of one that has been exposed to severe cold; the same color of mucous membranes.

In treating these cases I use aconite and phytolacca, whatever other remedy may be indicated, and the practitioner will find that they go very kindly together.

Typho-Malarial Fever.

We have been having a disease in this city and surrounding country, which may be appropriately named typho-malarial fever, and I have no doubt that it is prevailing, or will prevail, in other sections of our country. It possesses, as its name indicates, the qualities of both typhoid and malarial fevers, the evidences of the last being somewhat obscure in many cases.

In some cases it will commence like a rheumatic fever, with pain in an articulation, or sometimes in an entire extremity. This presently subsides or is relieved by remedies, and when the physician anticipates convalescence the fever becomes more marked, continued, and develops grave symptoms.

Diarrhœa is not a common feature, yet in some cases the bowels will be loose, and a moderate cathartic will develop an unpleasant diarrhœa. In nearly all cases the limbs are slightly swollen, turn a little tender, and the patient complains more or less of abdominal pain after the second week.

Typhoid symptoms develop rapidly during the second week—the tongue is dirty, broad, pallid and dirty, moderately red and looks like feces had been rubbed over its surface, is deep red and slick, is deep red and coated brown, is small, pointed, coated white in the centre and vividly red (sore) at tip and edges, or is an unpleasant bluish-red and does not show a single papilla.

The skin may be brownish and dirty, sallow, dusky, as if the patient had been exposed to cold, or it may show an unpleasant erythematous flush in patches over the body. In every case it is inactive.

These patients do not bear medicine well, at least the medicine that is usually given. Cathartics are injurious, emetics or nauseants cause gastric irritation, diuretics check the secretion of urine, diaphoretics, if they act, exhaust the strength, and quinine is not well borne if administered in antiperiodic doses.

The reader will be ready to ask—how will we treat the disease if the

usual remedies are condemned in advance? We will come to that presently, but it is necessary to understand at first that here is a case where remedies must be handled with care, and where diet, rest and careful nursing is very much better than the old practice—even the old eclectic practice.

I think I have described the disease so that any one may know it, and it is very likely that many know it before this. It is inclined to run its three weeks and longer, and will recur from slight imprudence of the patient.

The first phase of the disease (the first week) the remedies most commonly indicated will be aconite and bryonia in the usual small doses repeated every hour. If with this, the patient has the quinine inunction once or twice a day, commencing the second day, I believe the disease may be broken up in many cases. This is especially true of children who are more subject to the disease than adults.

When the patient complains of frontal headache, has a red tipped tongue, sharp stroke to the pulse, and especially if there is an erythematous flush of the skin, *rhus* will replace the bryonia. If the patient has a dull headache, wants to sleep, and there is dusky coloration of painful parts the remedy will be belladonna.

During the second week we will have to make our choice among the antiseptics, which will range themselves in the following order—baptisia, sulphurous acid, sulphite of soda, muriatic acid. Baptisia will be a prominent remedy, the common indications being followed—dusky or blueish-redness of face, and moist, red tongue with brown coat. Sulphurous acid is indicated by relaxed mucous membranes, moderately red, dirty coat on tongue, bad breath, dirty skin. Sulphite of soda by the broad pallid dirty tongue. By-the-by, one needs but to use the sulphite of soda when thus indicated, to be converted to *straight* medication.

I have not determined the internal dose of quinine in this disease, but am inclined to believe that it should be very small. There are cases, of course, which will be arrested with the old quantity of twelve to fifteen grains, and others which will do better on one-fourth grain. I have used it by inunction or with alcohol applied to the skin, and, of course, the quantity absorbed must be very small. For a child I prescribe—R Quinine Sul. ʒss., Lard ʒij., Oil Cinnamon gtt. v. Mix. For an adult the quantity of quinine is doubled.

I wish to call attention again to bryonia for *abdominal pain*, tympanitis and tenderness on pressure. The same remedy will be indicated by pain about the chest, painful respiration, or a painful cough.

Permanganate of Potash and Rhus.

We have a group of unpleasant inflammations of the skin, cellular tissue, and connective fibrous tissues or bone, which are very painful, destructive of tissue and difficult to manage. This group may commence with the inflammation of skin and cellular tissue of the finger known as superficial felon, (run-around), deep seated or bone felon, inflammation of the tissues of the palm and back of the hand, resembling a felon, or a phlegmonous erysipelas of any part.

The symptoms are very striking—the part swells, is exquisitely painful, may be pallid and glistening at first but soon becomes purplish or bluish-red, which is effaced by pressure and returns slowly. If the disease is of the hand the redness will sometimes extend to the elbow or even the axilla, and patches of the same redness may appear on different parts of the body.

Sometimes there is marked constitutional disturbance, a frequent pulse, small and sharp, increased temperature and arrested secretion. If badly treated the erysipelatous disease will rapidly develop typhoid symptoms.

There have been a number of these cases this summer and fall in our practice, and we hear of others in the country.

Even in the case of a felon I prescribe aconite and rhus internally, and a solution of permanganate of potash as a local application. Of course, the indication for the rhus and aconite is more marked in the severer cases, but it will be found of advantage in all—℞ Tinct. aconite gtt. v., tinct. rhus gtt. v. to gtt. x., water ℥iv.; a teaspoonful every hour. The local application is usually of the strength of ten grains to water ℥iv.

In a recent case where the disease commenced in the middle finger, it rapidly extended until the entire hand was involved, and the pain and redness extended to the axilla. At one time the patient's life as well as her arm was endangered, marked typhoid symptoms being developed. The administration of rhus controlled the fever and pain, and with the local application of the permanganate the danger was soon over.

The Later Months of Pregnancy.

The longer I live the more I am convinced that physicians have not paid sufficient attention to the ills of the last three months of pregnancy, and that women are allowed to suffer unnecessarily, and have more difficult labors and a more tedious "getting up" in consequence. It seems almost impossible to make the profession believe that these are avoidable ailments, and they still answer as in the olden time, "Oh! it is an incident of your condition, in a few months you will be over it."

If the doctor could be made to carry the burden for a week or ten days, he would want no more such incidents, and I think it would be a most excellent lesson. We always say that a physician is not quite ready to practice medicine until he has had (in his own person) a lobelia emetic, a full cathartic quantity of podophyllin, his ears rung with quinine, a blister over his stomach and an irritating plaster on the sma'll of his back; would we could add a modicum of this unnecessary suffering. Why do we want to punish the young doctor? To keep him from punishing other people.

Even the use of water, which is such a comfort, and which of itself will relieve many unpleasantnesses is never thought of. Usually the cold bath is recommended—the woman sitting over an ordinary wash bowl and thoroughly bathing the genitalia and abdomen. If there is a determination of blood, swelling of the parts, discharges, either leucorrhœal or hemorrhagic, the hot water is preferable. The bath not only gives present comfort, but it makes the labor easier and the getting up better.

The nervousness that women frequently suffer from is relieved by Pulsatilla and Cactus; rheumatic pains or false pains by Macrotys, with the addition of Aconite if there is feverishness. Downward pressure with a feeling as if labor would come on, is relieved by Viburnum Opulus, pain in the loins and umbilicus by Viburnum Prunifolium.

There are other remedies which will be suggested by special symptoms, but what I wish to do now is, to call attention to the subject so that it may be read up. In previous numbers of the JOURNAL it has been spoken of, and if the reader will turn to Specific Medication, he will find a group of obstetric remedies.

Gynæcology.

Whilst I am writing the American Gynæcological Association is holding its fifth annual meeting in this city, and papers have been read on "Battey's Operation," (spaying) "Anterior Displacement of the Ovary," "Case of Ovariectomy Complicated with Pregnancy," "Uterine Massage as a means of Treating certain forms of Enlargement," "A case of Cataleptic Convulsions cured by Tracheloraphy." "Removal of an Encephaloid Kidney," "Quinine in Gynecic and Obstetric Practice," etc. Some quite celebrated men are members of this society, and though they carry the "Gynecic" business to extremes, they do some good work.

But the question of most importance to the women of this country is—how they may keep their health, and how they may keep themselves out of the hands of "Gynecic" and other doctors. Though we live by others' ailments, it is our bounden duty to help in this direction, and if we are obliged to change our occupation we will teach hygiene to the best of our ability.

I think with a moderate amount of care women may have healthy sexual organs, and the majority of women do live as comfortably and as long as the male persuasion. A good inheritance from parents is a good thing, a right training in girlhood is a good thing, and reasonable care during married life is a necessity. If the young girl is allowed freedom to play—even with the boys; has loose clothing, plenty of exercise and good food from the period of puberty, has healthy mental food, in the place of trashy and prurient papers and novels, there is no reason why she should not be a good wife and mother.

Sexual excesses are bad, we say so openly, and especially when consulted by those who suffer. Children are good things and should not be avoided in the course of nature; abortions and miscarriages are of the devil and the woman will of necessity lose her health. Prolonged lactation is not good, and over lactation is not good; the sturdy child that is exhausting the mother should have a portion of cows' milk to assist his growth.

Too rapid child-bearing is bad, and it is right to advise continence for ten days after the monthly period, and the free use of cold water after connection; children will not come so rapidly, the mother will enjoy better health, and the offspring will be healthier. Defrauding nature in any other way entails physical and nervous wrongs.

I think that women's lives might be made easier and pleasanter. There

are many means of economizing work in the household, and of lessening the number of steps. I am sure the monotony of existence can be broken up by many simple pleasures, by society and by good reading, and the mind improved whilst the body is rested.

The physician is so placed that he can give good advice, and very frequently when a right way is pointed out people are only too glad to follow it. The advice may not be paid for, but the reward is sure to come in other ways.

“What Vessel are you Sailing in?”

I do not wish to be inquisitive, and I concede every man the right to take passage in whatever craft he may like, whether it is steamboat, sailboat, mud-scow, or he may go to sea in a tub like the three wise men of Gotham (there are still wise men in Gotham), but I take a brotherly interest in some of my confreres. It is not of so much moment what the general practitioner believes, so long as he is careful not to injure his patients with drugs, but then he feels the better for having a substantial faith. But with the teacher of medicine it is of great moment, because he is aiding to form the minds of scores or hundreds.

Brother Garrison was honest in stating that he did not wish to be longer regarded as an Eclectic for he considered that “further partisan strife was unwarranted by either the interests of science or humanity.” When one reaches this conclusion he should withdraw, and if he sympathizes with our regular brethren, go with them.

But we doubt the propriety of using the name Eclectic without having definite views of practice differing from the regular system of medicine. It will not do to say that “Eclectic means to choose, and we choose the best from all sources.” We want to know what rule you have for choosing, that renders your choice better than other people’s, and we especially want to know *what you have chosen*. One cannot serve two masters, either you differ from our regular neighbors, or you are like them. They claim the right of choice, they say they are free to choose and they say they have chosen what experience has proven best. What say you?

When I called attention to some singular statements, North and East persons claimed that I was trying to persecute them. I believe I named the fact that the Eclectic College at Oakland, California, advertised to teach Eclectic medicine from old-school text books, and could recognize but a faint difference between the schools. Now I notice that they have been admitted to the National Association. This is all right, but will they be kind enough now to say that they are “Eclectic,” and then define it?

I also notice a report to the National Association that Eclectics have a good prospect for securing a chair in the “Michigan State University,” which was read with applause. The fact that Eclectics were agitating for a “chair” was mentioned to me this summer by a prominent professor in that institution, and he put the question to me that I put to my readers in the February No.—“What would you teach?” I was saved the trouble of an answer by the lunch bell, but the question must be definitely answered if Eclectics ever have a chair in that institution.

I do not think there need be any difficulty in putting oneself on record.

say in this wise, "I believe in '*old fashioned eclecticism*,' in the evacuant plan of emetics, cathartics, diaphoretics, diuretics aided by counter-irritation, and followed by bitter tonics and restoratives, or I believe in '*old fashioned eclecticism*,' especially in the use of indigenous medicines for their direct effect as was the habit of many of the fathers, or I supplement this with the doctrines which they *seemed* to have taught, 'that disease is an impairment of life,' 'that all remedies which impair the life should be discarded,' 'that remedies should be selected which conserve the life and which strengthen it,'" (Soudder). I grant you this is all good, and will shake your hand on it, and speak a good word for you at all times.

Do you believe that Podophyllin catharsis, with large doses of Quinine in season and out of season, Morphine to quiet pain and produce sleep, and fluid extracts in teaspoonful doses, and compound alterative syrups, constitute a good eclecticism? Then I can not go with you.

If the reader will refer to the May and June Nos. of this journal he will see what we think of "*old fashioned eclecticism*," and that our students are taught how to use the remedies of the oldentime to obtain the greatest success, if they choose to use them, or are obliged to use them.

We teach that the use of small doses of pleasant remedies, for their direct effect, is a better, a pleasanter and a more successful practice, and that if a physician wishes to "get on in the world" he would do well to study specific medication. The teaching is plain, we express ourselves plainly, every one may know what we believe, and no one will be deceived by old-school doctrines or old-school remedies. Will our brethren put themselves plainly on record?

Obituary.

DIED, Saturday, September 4, 1880, at 3:25 o'clock A. M., WILLIAM STANLEY MERRELL, in the 83d year of his age.

"Old and full of years," was our old friend who has taken his departure for a better land. Up to his eightieth year he was active in mind and body, since then he has been confined to his room where his life has slowly ebbed away with but little that could be called disease, and but little suffering.

He was early identified with the Eclectic movement as a pharmacist, and has done a good deal of good work for us. He manufactured the first podophyllin and leptandrin offered for sale, gave our indigenous remedies a thorough study to determine the best forms for their administration, and first showed that a fluid remedy containing all the medicinal properties of the crude drug, could be made so as to represent it in the proportion of ounce for ounce. He called these medicines "essential tinctures," and his method of manufacture was adopted as a basis for the fluid extracts of the U. S. Pharmacopœia.

A large number of the graduates of the Eclectic Medical Institute (over one thousand) will look at their diplomas and see written Wm. S. Merrell, M. D., Pres., in a firm square hand. The signature was the type of the man, good, firm, square—may we have more like him.

Laws Regulating the Practice of Medicine.

We are now having an epidemic amongst doctors, a mental epidemic like those of the middle ages—(we wonder if they have been bitten by a tarantula)—an intense desire for laws to protect the medical profession. All our "State sovereignties" are excited about the matter, and doctors are eager to blister the body legislative, insert issues in the body legislative, and physic the body legislative to bring the irritation to a head. Why the doctors should need protection no one can find out, indeed they claim that they don't want it—they only want to protect the people.

Some of these State laws are very queer, and if this thing continues each state will have fenced itself in against physicians of other states, and medical colleges will become local mills for the grinding of state doctors. The most absurd law was passed last spring by the Legislature of New York, which is intended to favor New York colleges at the expense of others out of the state. Its provisions are such that Drs. Dunglison and Wood, of Philadelphia, and Holmes of Boston, could not move into the state to practice their profession without submitting their diplomas to a New York medical college, with certificates of character, and then passing an examination to have their diplomas endorsed "good."

Let the absurdity go on, and go further, and in another year this mania will have overdone itself, and the laws will all be repealed.

The Prepuce.

The earliest Scriptural account of the prepuce is where the Lord covenanted with Abraham that the children of Israel should be circumcised. But the rite is practiced among several religious peoples at the present time. To-day in Stamboul and Timbucktoo the cry may be heard, "who wants to be cut," the meaning of which is that the cryer is a person who thus advertises his calling or vocation,—who, in short, is a practical circumciser of foreskins. The Arabs have their young daughters circumcised, a fold of the inner labia being excised, but our Israelitish friends only sacrifice the prepuce of baby boys.

In a letter just received from a friend in New Zealand I learn that the native males, after puberty, have the prepuce tied in front of the glans with a string. If a man be discovered with his glans penis bare, he would be looked upon with contempt, and a fit subject for derision. All males who expose themselves while bathing must have their prepuce fastened down. An uncovered glans is regarded as shameful if not abominable, while it would not be immodest to disrobe before females if the foreskin was tied down over the glans penis. Strange what contrasting importances are placed by different peoples to such inconsequential parts of their bodies! Crude religions are tainted with vulgarities and sexual absurdities.

"A Wind of Doctrine."

A continuous nudging will make a man talk, as they say that "persevering sitting and singing will bring the spirits." Our Chicago friends have given utterance, and we gladly put them in print, as we always like good things wherever we find them, and want our readers to rejoice with us.

They say—"The fact is recognized and taught that medicine is a progressive science, and in order to be true to the name, eclectic, we must constantly *eliminate the bad*—error—and keep choosing *the good*—demonstrated truth."

It sounds somewhat familiar, and we think we have heard something in the past about "choosing the best from all sources." *Eliminating the bad* is good also, better than going to the bad, like our friend Garrison. But then we want to know, you know, what *you* have eliminated, and then what you have chosen.

It is recorded in the "Tales of the Borders," that Jock, a noted freebooter, living in a tower on the spur of a mountain, was noted for having very fine cattle, and yet he nor his followers ever worked, and their land was too sterile for pasturage. "How is it my man?" said a neighbor. "O!" says Jock, "when we harry the border we aye tak'it the best, it costs na mair to driv'it them haim."

"Our watchword is *progress*, our aim a higher standard of medical education, and the elevation of the dignity and honor of Eclecticism." True, all true, but then we want to know what *you* have done, and what *you* propose to do, for *watchwords* and all that kind of thing are out of date.

They tell a good conundrum about Chicago in St. Louis—Why is Chicago like a Texas cow? "Give it up?" "She is broader across the horns, narrower across the rump, can jump higher, bellow louder, eat more hay and give less milk than any other critter."

International Medical Congress, Seventh Session to be held in London, August, 1881.

We have received from Wm. MacCormac, Esq., Hon. Secretary, a programme for the next "International Medical Congress," to be held in London commencing Wednesday, Aug. 3d, and continuing till Aug. 9th, 1881. It will be a meeting of the most eminent men in the profession, and one going to Europe the coming year, would do well to so time his visit as to be in London during the session. The meetings will be held in the halls of the University of London, and in Burlington House. Persons furnishing papers are required to submit an abstract of the same to the secretaries of the appropriate sections.

All communications respecting the congress, should be addressed to William MacCormac, Esq., Hon. Sec. General, 13 Harley St. London, W.

The College.

The winter session is now in progress with 146 students, and the class will certainly run up to 160 or 170. As the spring session follows the winter session without break, students can enter at any time, and make their session of 20 or 26 weeks if they choose. The spring session is in every respect the equal of the winter, and the annual commencement and graduation takes place at its close. Students who have but one session to attend before graduation can come in early as they like, and have the benefit of the winter session without additional fees.

A New Edition of Diseases of Children.

This work has been out of print for some months, waiting a time when it could have a thorough revision. That time we hope has come, if good health continues, and this winter we propose to give it a thorough overhauling. It is no easy matter to write a book that will be instructive. It is still harder to write one that will be a safe guide in the practice of medicine, presenting the relation between disease and remedies so that it can be readily seen. The writer proposes to do his best in this direction, and many improvements and additions have already been noted.

BOOK NOTICES.

A SUPPLEMENT TO THE AMERICAN DISPENSATORY. By JOHN KING, M. D. and J. U. LLOYD. Price \$2.00.

This work has been noticed in these pages, and we have only to say that it has received most favorable notices from the pharmaceutical press of this country, and also from many medical journals. Readers should know that for a month or two yet they may order this supplement in a separate volume, and that after that it will only be sold bound with the Dispensatory. Those who have the last editions of this work may complete it by ordering the supplement separately bound. A few copies of the Dispensatory and Supplement bound separately may be had at a cost of \$10 for the two. Or both may be had bound in one volume for the same price, free of postage.

ANATOMICAL ATLAS WITH TEXT. Edited by J. A. JEANCON, M. D., Professor of Physiology in the Eclectic Medical Institute.

This is the largest and most complete work of the kind ever published in America, and the publishers inform us that it is meeting with greater success than they had anticipated. A complete copy of this work will be something that a physician may be proud of.

A SKETCH OF OBSTETRICS AND GYNÆCOLOGY IN AMERICA. The Annual Address delivered before the Massachusetts Eclectic Medical Society. By MILBERRY GREEN, M. D.

We have read this address with much interest, as it has been prepared with care and gives a very good history of American work in this field. If those who are appointed to prepare papers for our Societies would give the time and labor that this has required, our proceedings would not be so meager in quality and quantity.

STATE REGULATION OF VICE. Regulation Efforts in America—The Geneva Congress. By AARON M. POWELL. New York: Wood & Holbrook, publishers.

This little work gives some valuable information on this subject, and it would be read with profit by legislators. There is much to be said on both sides of the question—regulation of prostitution by law to prevent the spread of syphilitic disease—regulation by law, which seems an endorsement or license of prostitution. One thing we may take for granted

--so long as men have a sexual apparatus on the outside, and women on the inside, both craving gratification, they will be used. Prostitution will be lessened as marriage is promoted, the love for one woman being the best antidote for promiscuity.

GEO. P. ROWELL & Co.'s AMERICAN NEWSPAPER DIRECTORY, containing accurate lists of all the Newspapers and Periodicals published in the United States, Territories, and Dominion of Canada, together with a description of the towns and cities in which they are published.

In so far as the publishers could obtain the facts it seems very reliable, but in regard to "circulation" it must be taken with many grains of allowance. Advertisers would do well to order it. Price \$5.

MICHIGAN MENDACITY. By SAMUEL POTTER (M. D.?)

As a specimen of Homœopathic dirt this pamphlet is a success. How our neighbors expect to succeed when they throw fecal material at each other, and wash their dirty linen in public, is more than we can conceive; possibly they can see the advantage of it.

THE NINETEENTH ANNUAL PUBLICATION of the Massachusetts Eclectic Medical Society, for the year ending June 6th, 1879. Boston: Printed for the Society.

Our Massachusetts Society has a very steady life, its members take pride in it, they enjoy coming together, have a good dinner and a good time. The proceedings are always readable.

THE CHEMISTRY OF MEDICINES—PRACTICAL. A Text and Reference Book for the use of Students, Physicians, and Pharmacists. Embodying the Principles of Chemical Philosophy, and their application to the chemicals which are used in medicine and in pharmacy, including all that are officinal in "the Pharmacopœia of the United States." Illustrated. By J. U. LLOYD, Professor of Chemistry and Pharmacy in the Eclectic Medical Institute, Cincinnati. Price \$2.50.

We are glad to be able to announce the New Chemistry by Feb. 1st. It will be a great improvement on those we have had, and students will be able to study this important branch of medicine with satisfaction. To those who have heard Prof. Lloyd lecture, no recommendation is necessary.

INDEX CATALOGUE of the Library of the Surgeon-General's Office, U. S. Army. Vol. I., A to Berlinski.

In this quarto of 888 pages we have the commencement of the greatest medical catalogue in the world, as our army medical library is likely to be the most important medical library in the world. If continued in this way it will make some ten to fifteen volumes. We return Surgeon J. S. Billings, U. S. A., thanks for our copy.

Optico-Ciliary Neurotomy. The proposed substitute for extirpation of a lost and painful eye-ball. By Julian J. Chisolm, M. D. Baltimore: published by the author.

The Therapeutic Value of Iodide of Ethyl. By Robert M. Lawrence, M. D. Boston. 8 pages.

A Treatise on Milk and Henri Nestle's Milk Food. By H. Lelert. Vevay, Switzerland: Henri Nestle. 28 pages.

Report of the Proceedings in the Case of Ruths vs. Reuling. Circuit Court of Howard County, Md.

The Pathology and Abortive Treatment of all Zymotic and Inflammatory Diseases. By Dr. J. Kornitzer, Topeka, Kansas. 27 pages.

MARRIED.—At Shelbyville, Ind., Sept. 16, 1880, Dr. S. L. STRICKLER and MARY MONTGOMERY.

Died.

In Chicago, July 19th, of apoplexy, Dr. HARRISON AKELY, aged 49.

In New Brighton, Pa., July 15, 1880, of apoplexy, Dr. GEORGE WILLIS READ, in the 62d year of his age.

At Vandalia, Ill., Sept. 2, 1880, at the residence of her father, Mr. C. W. Higinbottom, Mrs. Dr. J. S. KNOWLES.

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Receipts for Journal to Sept. 22.

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In speaking of Salicylic Acid the "Supplement to King's Dispensatory" remarks, "For medicinal use, the acid from wintergreen is often prepared by physicians." In commenting upon this subject the Editor of the St. Louis *Clinical Record* states that:—"We have a very decided opinion that this variety should *always* be prescribed. We are confident that many of the alleged dangers of using this valuable remedy may be avoided if this is borne in mind," Merrell, Thorp & Lloyd make the pure wintergreen salicylic acid and supply it to physicians at 40 cents per ounce, and send it by mail upon receipt of that amount.

The fact that true *damiana* is largely substituted upon the market by another plant has led physicians to exercise great care as to the parties from whom they purchase the fluid extract of this drug. The true and false *damiana* are carefully described in the recent "Supplement to the American Dispensatory," and several excellent figures are given of the many varieties. In speaking of *true damiana* (*Tumera aphrodisiaca*) the St. Louis *Clinical Record* calls attention as follows: "In two cases of which we have positive knowledge the *true damiana* gave unequivocal results as an aphrodisiac." It is well known that Merrell, Thorp & Lloyd of Cincinnati, Ohio, have always exercised the greatest care in preparing a fluid extract from the genuine drug, and any that desire to try the genuine preparation will do well to obtain that which bears their label. Recently the Editor of the *American Medical Journal* of St. Louis, Mo., mentioned the true fluid extract of malt made by Merrell, Thorp & Lloyd, remarking:—"Merrell, Thorp & Lloyd have furnished us with a fine specimen of Fluid Extract of Malt, of their own manufacture. * * * Its consistency is not greater than that of other fluid extracts, and it is very easily handled." A teaspoonful of this extract administered after meals will relieve cases of indigestion which other remedies failed to reach. The price of this pure extract of malt is ninety cents per pint, bottle included, and it is made by Merrell, Thorp & Lloyd of Cincinnati, Ohio.

Prof. A. J. Howe, has recently spoken very highly of *Thuja occidentalis*. It is absolutely necessary that a preparation from the recent shrub be employed, and physicians will do well to remember the "Specific Thuja" of Merrell, Thorp & Lloyd. An unreliable preparation of this drug is worse than worthless.

The Editor of the "Southern Medical Record" cautions his readers against impure spirit of nitrous ether, and recommends the "Lloyd Brothers'" ether as follows:

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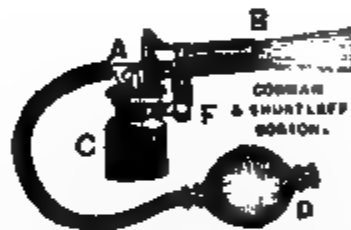
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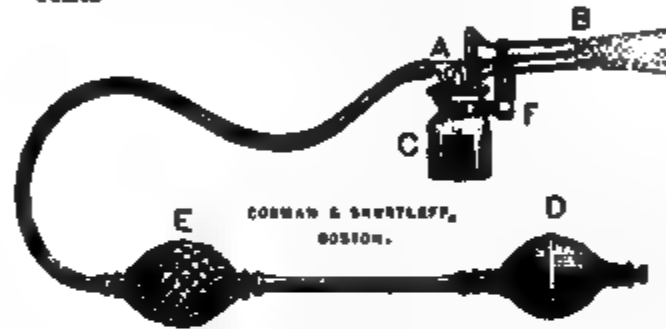
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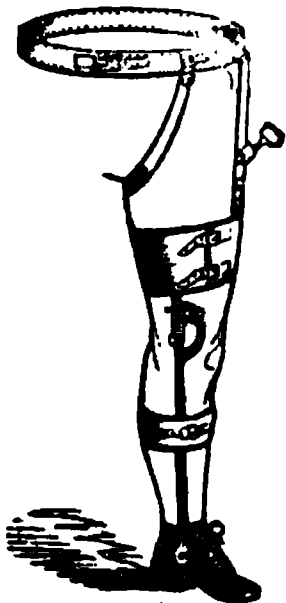
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Cincinnati, November, 1880.

No. 11.

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THE ECLECTIC MEDICAL JOURNAL.

VOL. XL.

NOVEMBER, 1880.

No. 11.

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Gall-stones are of two classes. First, the true calculi, metallic, gall-stones proper; and second, the soft gelatinoid variety, or biliary concretions. As the first kind are comparatively infrequent, and their diagnosis and treatment differ little in spirit and form from the other, we omit further notice of them. The latter kind we hold to be almost uniformly present in the liver, in all chronic diseases in which this organ is seriously involved.

In appearance gall-stones, to use the language of Wood, "are usually of a yellowish, brownish, or brownish yellow color, of a rather soft consistence, and of various shapes; but generally with several rounded angles, produced by their mutual pressure and attrition. Their composition is various; but they consist frequently of cholesterin and biliary coloring matter. Bile in a solid state, or other constituents of it, besides those mentioned, are said occasionally to form these concretions."

They are often too, of a greenish color, and are usually surrounded by a thin pellicle or layer of the same color as the outside, while the interior will be of a dull white color, which, so far as we have observed, is the usual color of the inside. When thrown upon the coals they burn with a sputtering flame, are slowly soluble in alcohol, and insoluble in cold water. They vary in size from a pigeon shot to good sized rifle balls, and, if large, take on an elongated form from passing through the ductus communis.

In regard to the quantity of these concretions that will sometimes obtain in the liver, Watson states that they will occasionally accumulate in the gall-bladder to the extent of a pint. We have, under proper treatment, seen large quantities expelled in the course of two or three days. Occasionally after the removal of a large number of these, the patient will discharge a large quantity of a tough, gelatinous mass, resembling in appearance partially dissolved glue.

We shall enter into no special delineation of the symptoms indicating the presence of these morbid concretions in the gall-bladder and hepatic ducts. The principal mistake which we conceive the medical profession to have heretofore made in regard to these, has been in supposing their existence in the liver, unless accompanied by extreme pain in that region, to be so doubtful as to require no special interference on the part of the physician. On the contrary, there appears to be a long train of symptomatic pains and sufferings, produced by the "damming up" of the bile in the hepatic organs and the blood, through the presence of these concretions in those organs, that are reflected by direct and sympathetic action upon nearly every portion of the system, and take on a wide range of those symptoms that attend nearly all chronic diseases where the liver appears to have been seriously involved for any important length of time. Indeed, we think it highly probable that this important viscus can not long remain in a state of functional derangement from the presence of too much waste matter in the blood, without a tendency to the formation of these products of a vitiated bile.

We have removed them in large numbers from persons never before suspected of being troubled in this manner, and have invariably found that any remaining diseases were vastly more amenable to proper treatment. This removal is almost uniformly followed by regularity of the bowels, where this condition did not exist before, which is rarely the case where this disease obtains. Constipation is, indeed, one of the almost uniform concomitants of this condition of the liver. The bowels fail to receive their usual and proper supply of *Nature's physic*, the bile, and both stomach and bowels become torpid for want of this stimulant in due quantity. This is one, and perhaps the most frequent cause of that anomalous disease, dyspepsia, and many other disorders of the stomach. On the other hand the frequent use of cathartics to merely act upon the liver and bowels, when they stop short of removing the obstructing cause, usually increases the torpor of these organs, or creates it where it did not previously exist.

As before stated, this organ, the liver, appears to have the remarkable faculty, when it suffers, of reflecting its pains and sufferings upon nearly every other part of the system. This is not wonderful when we consider the vicarious relation existing between it and the bowels, cutis, kidneys and lungs, and the indirect sympathy that relates it even to the stomach, spleen, heart and brain.

It is not a little noticeable what a long train of symptoms will usually disappear from every part of the system with the removal of these morbid deposits in the bile. Oftentimes, when the physician supposes himself to have a case of gastralgia before him, his patient is only laboring under an acute attack of gall-stones. The liver often appears less apt to be the seat of severe pain in this disease than other organs that sympathize with it, except in peculiarly susceptible subjects.

A large number of the cases of hysteria are doubtless due to the presence of these formations in the liver. Indeed the facility with which this peculiar condition of that organ masks itself behind the apparent diseases of other organs and functions of the system, is one of the most noteworthy features of the disease.

CAUSES.—The causes which tend to promote this condition of the liver, are: 1. The influences of heat, cold and moisture, suppressed perspiration etc., acting directly upon the cutis, to create a diseased condition of that great organ, the most important eliminator of waste matter and of disease in the whole system. 2. Overwork of all kinds, both mental and physical, excesses in eating and drinking, protracted mental troubles. 3. Excessive venery, miscarriage, and last, but by no means least, the fearful habit of self abuse..

The two last series of causes act upon the nerve system first to exhaust its supplies of nerve stimulus to the cutis, which, as a consequence, falls an easy prey to the vicissitudes of season and weather, becomes seriously deranged in all its eliminative and health-giving functions, and allows the blood to become charged with retained effete matter that ought to have been removed through this important outlet. Doubtless, also the impaired tone of the stomach, and other organs, particularly the former, induced by exhausted nerve action, has much to do in bringing about this diseased condition of the cutaneous organ. But whatever may be regarded as the specific causes, that produce this diseased condition of this great organ, that in a state of health, eliminates nine-tenths of the waste of the system, the results are the same. The blood becomes poisoned with the dead flux of the tissues and other matters, by the impaired functions of the cutis, and an additional amount of labor is thus thrown upon the four other important eliminants of the system, viz., the bowels, liver, kidneys and lungs, whose functional activities have already become seriously impaired by the lesion of the nerve system.

Should there exist any tendency in these organs to hereditary weakness, they become liable to derangement both from deficient innervation and overwork. The heart, too, participates in the general lesion, by being obliged to push the blood through the immense capillary system of a cutis, whose minute blood vessels have either lost their tone by debility, or have been diminished in calibre by too great tonicity, which is apt to be the case where the skin has been exposed to sharp and sudden changes from heat to cold. The overwork which the heart is thereby obliged to perform, is one important cause of heart disease.

In regard to the immediate cause of the formation of gall-stones, their origin may, perhaps, be regarded as in some respects obscure. They, without doubt, originate in bile that has been rendered thick or inspissated by the presence of too many of the waste products of the system that ought to have been carried out through an active and healthy skin. But whether by direct accretion into separate globules in the gall-bladder and hepatic ducts, or the thickened bile throws down a sediment that gradually acquires a sufficient consistence to break up into parts by the motion of the body (to which opinion we incline), and how far the formation of these concretions are aided by the general dyscrasia, is, perhaps, a matter of doubt and indifference. Certainly the general causes and their results would remain the same.

But whatever may be the cause of these concretions, their subsequent influence upon many forms of chronic disease to aggravate and perpetuate them after they have once formed, can not well be questioned. That they

even tend to generate diseases too, especially organic and inflammatory diseases of the liver, is highly probable. Carried into the ductus communis, they tend to obstruct the free flow of the bile into the duodenum, and produce that arrest of function in the liver which usually characterizes chronic diseases of that organ. Indeed, in all such cases where they exist to the extent of serious obstruction (mechanical) of the hepatic functions, the blood becomes still further poisoned and every other function in the system languishes, and particularly those connected with the office of alimentation. In this manner biliary concretions are, first an *effect* and second a *cause* of disease in the system, perpetuating and aggravating the original disease which produced them, creating many new ones, and simulating others. Of course, when there is good reason to suppose that they exist, and tend, by arresting the functions of the liver, to stereotype other diseases which the physician is called upon to treat, it will be necessary to remove these before improvement can fairly begin. It will often astonish the physician indeed to see how little there is left to be done, after these concretions are once well removed, and how vastly easier it becomes to do it.

We will give two or three cases in point, and close this article, which we are aware is very faulty both in matter and manner.

CASE 1. W. B. F., a young man of fine family, living in the city. Had been an onanist from boyhood; had been treated by the best physicians in the place. Had some pain in right side, and in other parts of the system, particularly in the spleen, spine and kidneys; great weakness, loss of sleep, nervousness; was attenuated to a great degree. Emissions occasionally; had tinea capitis; was rapidly becoming insane, so his friends informed me. After trial of the usual remedies without avail, the removal of a large number of gall-stones, so changed the nature of the whole case, that in a few weeks his friends hardly recognized him.

CASE 2. Miss D., had suffered for a good while from cough, pain in the right side; was wasted to a great degree; looked as if in the last stages of consumption; very feeble, liver very much swollen and indurated. Had been under treatment from two skillful Allopathic physicians for several months for "liver complaint," without benefit. As the patient was in so feeble a condition, I hesitated for some time in regard to treating her for gall-stones, which I recognized as the real cause of the obstinacy of her disease. At last, after I had exhausted my own patience and that of the patient, at the earnest entreaty of herself and friends, I consented to treat her for the removal of biliary concretions. In two days the tumid and hardened condition of the liver had entirely subsided, and from that time she began to steadily and rapidly improve.

CASE 3. Mrs. W., a German woman, had suffered for some years from what had always been considered as neuralgia of stomach dependent on uterine disease. Her attacks were of the most severe and excruciating character, occurring usually about the time of the appearance of the menses. The removal of a number of gall-stones caused the whole difficulty to disappear as if by magic. We could multiply cases to an indefinite number, both with and without severe pain, but for the present shall forbear. We may give methods of treatment at some future time.

Art. CXI.—A Case of Fracture of the Cervix Femoris. Reported by E. J. JENNER, M. D., of Flat Rock, Ill.

On the 14th of February, 1880, I was summoned to see Alex. Kinkade who lived eight miles from my office, I found him in bed suffering from an injury of the hip, which was supposed to be a dislocation of the head of the femur. The patient had fallen heavily upon the trochanteric projection. He was eighty years old at the time; and he had a shortened and distorted limb from a former injury, consequently the diagnosis was not so easy to establish. Upon being asked how he felt, he said he was not suffering much pain, but was unable to move his leg. That I might examine him understandingly, I took him out of bed and placed him on the floor. The movement set up so much anguish that I quieted him with chloroform, producing profound anæsthesia; I could then handle the limb without muscular hindrance; and I readily discovered crepitus after applying some extension with my hands and rotary movements. There was no evidence of a dislocation except that his toes turned inwards, a condition that sometimes exists after a fracture. Having completed the diagnosis I placed the patient in bed and applied extension with adhesive strips, bolstered the limb with sand bags, flexing the knee a little. The dressing made the patient comfortable. I re-dressed the leg on the fifth day, though he had taken it off on his own responsibility. He did the same on the fourteenth day; and then I used a shoe and fastenings that could not be so readily tampered with. This dressing proved irksome to bear; and as the patient was feeble I feared a fatal result, therefore I laid aside all dressings, and aimed chiefly to sustain the vital powers.

At the end of eight weeks from the time of the injury I discharged the patient. He was doing as well as might be expected in one so old and feeble. In the course of a few weeks he grew dissatisfied because he was not perfectly well, and called in a physician who said the leg had been luxated, the head of the femur being out of the socket. This statement made the old man believe he had suffered from malpractice, and he contemplated suing me for damages. I brought suit for my bill and he put in a counter claim, but he could bring no professional testimony to show that my diagnosis and treatment were faulty. The jurors gave me eight dollars more than I claimed in my bill. The chief mistake I made was in not charging more for my services.

Art. CXII.—Case of Puncture of the Brain. By S. H. SENSING, M. D., Galloway, Tenn.

Penetrating wounds of the skull are occasionally reported, therefore I feel like adding to the list a case that occurred in my practice. The *Am. Journal of Medical Sciences*, 1836, contains the report of a case made by James Cooper, jr., M. D., of New Castle, Del. The reporter says: "On the 13th of Sept., 1835, a son of Mr. Allen, three and a half years old, of full size and in perfect health, climbed to the top of a fence, lost his balance, and fell headlong upon the opposite side, alighting on a pile of old weather boards. The head of the child struck upon a projecting nail, the point entering the right parietal bone, and reached to the depth of

two inches and a half, and ending near the base of the brain. The accident was first observed by a girl who called a young man to her help in releasing the lad. The extrication took place by pulling the board and nail from the child's head. The nail came out with small portions of brain adhering to it, and other pieces afterwards came from the wound. The patient did not lose consciousness, and vomited several times during the remainder of the day. That night paralysis of muscles took place on that side, but sensation was not lost. In time muscular action was regained, and the recovery in other respects was complete. No convulsions occurred, and no severe symptoms except the temporary paralysis of motor nerves."

My case differed from the above in several respects. I was summoned in haste to see Charlie Lewes, colored, 14 years of age. His forehead was literally nailed to a plank, or the plank was nailed to the forehead. The boy was swinging under a gin-house, and was forced against a board which had a ten penny nail projecting through it. The boy struck the point of the nail with such force that it penetrated the forehead and knocked the plank from the scaffolding where it had been attached. The boy fell to the ground and carried with him the nail in the os frontis, and the attached plank. The nail entered the skull near the median line, and just in front of the anterior fontanelle, piercing scalp, skull, meninges and the brain to the depth of two or three inches. The nail split at the end, and splintered the bone. The lad was senseless when I arrived, and laid on the ground perfectly still. It required much force to separate the plank from the head of the patient. The split condition of the nail made the effort greater than it otherwise might have been. Soon after the separation the boy began having convulsions, and became cold, clammy pulseless. Respiration continued, but was slow and stertorous. Pupils were dilated. The convulsive spasms recurred every five or six minutes; and a fatal issue seemed impending if some improvement did not occur soon. The brain, I judged, was compressed by clots of blood inside the cranium. I removed splinters of bone from wound, and with small forceps extracted coagula that choked the aperture. This was to facilitate drainage. This procedure put an end to the convulsive efforts, and consciousness gradually returned. I dressed the external wound with wet compresses, and gave active cathartics. The patient remained in a recumbent position for a few days, and in three weeks was perfectly well.

Art. CXIII.—Cases in Practice. By J. A. WATERHOUSE, M. D.,
Bay City, Mich.

Here is a brief report of a few cases. They taught me something and their publication may give some brother practitioner a needed idea. We should be mutual helpers, and as each one thinks in different directions I know of no better way than to briefly note the conditions of bad cases and the therapeutic measures used.

CASE 1. In July, 1879, Mr. B. consulted me for relief from varices of the left spermatic cord, which had troubled him for fifteen years. He was 38 years of age, tall, slender and anæmic. The veins were enlarged

and knotted, and, by their pressure on adjacent nerves, interfered to a considerable extent with the functions and use of the sexual apparatus; although the patient was not strong, I decided to excise the dilated veins. Assisted by my student, after anæsthetizing him I made an incision over the veins and having isolated them I cut out two veins of the size of a lead pencil and about one inch and a half in length. There was considerable venous hemorrhage for six hours, but no ill results followed the operation. Patient kept his bed for ten days and then got about again, although rather weak. He was a dyspeptic and demanded careful treatment for several months. For the enfeebled condition of the digestive apparatus, I administered rhus, hydrastin, lactopeptine and other agents as they seemed indicated. The case got along well, and last July, a year after the operation, he came into the office looking so changed that I hardly knew him. He weighed twenty pounds more than when he first presented himself for relief, digestion was vigorously performed and he pronounced himself "as well as ever."

CASE 2. Mr. W., a mill employe, consulted me in March last. It was the common story one has so often to listen to. He had "doctored with all the doctors in the country," and was no better. He was tired paying out money, had no faith in doctors, and was disgusted generally. I found the following conditions: body firm and well nourished, face good color, eyes dull, pupils dilated, pulse at times jerky and small, at other times natural, tongue very deep red, great tenderness over the region of stomach, food distressed him, gave him pain and made him nervous. On questioning his wife, who accompanied him, she told me that for three years he had not gone to or came from his work alone. He never came to town alone, and never went into the house unless certain that his wife was there. When I asked him why he could not go to his work alone, he replied that he didn't know, but he seemed to feel as though something was going to happen to him. He lived in constant dread of some impending calamity. Although the case was bad, I thought I saw my way clear, and told him I could help him. The first indication of treatment was to allay the gastric tenderness, hyperæsthesia of the gastric nerves—R Tinct. aconite gtt. x.. acid muriatic q. s. to make a glass of water pleasantly sour; of this mixture he was to take a teaspoonful four times daily. Ordered the vinegar pack over the stomach every night, followed by brisk rubbing in the morning. For the neurosis I gave—R Tinct. pulsatilla 3iss., aqua 3iv. M. Sig. One teaspoonful four times daily. This was to be taken one week and then alternated weekly with bromide of ammonium, one-quarter teaspoonful in wineglass of water four times a day. I kept him on this medical *menu* for two months, then the gastric tenderness having disappeared the packs were discontinued; medicine still continued. In July patient came in and stated that he could come to town alone, could go to and from his work alone, and if anything happened out of the ordinary, he was as cool as the rest. His tongue was still rather red, but a different color from four months ago. I need not say that the man is grateful, and that the case is a triumph for specific medication.

CASE 3. Neuralgia of the stomach of several years standing. Mrs. B., a German lady, age about 40. For six years had had frequent spells of

severe cutting pain in the stomach, at times so severe as to render her unconscious; while questioning her one of the paroxysms came on, and was so severe that she fainted. Her pulse was normal and with the exception of a sallow skin I could see nothing abnormal until I looked at the tongue. It showed the thickest, dirty white, slimy coat I had ever seen on anybody's tongue. It seemed to call out, "Give me sulphite of soda, quick." I concluded I would clean out the stomach and then try to help the neuralgia. I directed sulphite of soda one quarter teaspoonful four times a day in half glass of water. The woman went away and I heard nothing of her for three weeks, when she returned and surprised me by reporting, "Doctor what was that you gave me? It was awful nasty, but I haven't had but one attack of pain since I was here." She was profuse in her protestations of gratitude, and I thought of Abernethy's remark, "*Now I'm God; when I come to collect my bill I'm the devil.*"

I directed her to continue the powder and report occasionally. Suffice to say that five months after beginning the medicine she had had but three attacks, and I have given her nothing but the soda—reason: I haven't got her tongue cleaned off yet! It is still pallid. I cannot understand this case, and certainly did not expect to cure an obstinate gastric neuralgia with sulphite of soda, but the facts are as I have stated.

Personal introspection now and then will not hurt any of us. Had this woman come to me during the first year of my practice I should have given her the sulphite and also three or four other medicines for the neuralgia, and probably would have made her worse. The young practitioner is so anxious to cure, that his over anxiety runs away with his judgment. The longer I practice the less number of medicines I give, and obtain a correspondingly better success. When a physician's brain has become educated to the extent that he can pick out the pathological "corner stone," can see the lesion that lies at the bottom and select out a remedy that hits it, *then* medicine will be the pleasant application of a science.

Art. CXIV.—Sustain the Vital Force.

We as Eclectic physicians have adopted the above as our motto, yet as a rule it does not enter into the means recommended in the treatment of disease in our text-books any more than in those of other schools. The progress of medical science has been great in the last quarter of a century, the specific action of drugs, and the exact pathological conditions and the symptoms indicating the same have been studied as they never were before, and yet patients die. What practitioner does not have cases in which he succeeds apparently in correcting every morbid condition, and restoring to proper action all the organs of the body, and yet the patient dies. Dies because he has not enough vital force to carry on the vital processes, and as they grow weaker as we successively prop up the failing action of the organs till all fail at once, so rapidly that one can not follow the symptoms. Now, if the vital force is, as now generally believed, the result of chemical change, it is certainly possible that we may make, in the future, great progress, not only in preserving and sustaining the vital force but actually developing and increasing it, and the

great triumph of medical science must be in this direction. The use of stimulants may temporarily sustain the powers of nature in a crisis, but in great and continued debility we must economize upon every point. As means of sustaining the vital forces, we mention, 1, rest; every action of the muscular system uses some of the vital force and the most absolute quiet allows the patient to use all his power to resist the processes of disease. 2. Equable temperature; though the patient be not conscious of changes it is because the forces of the system resist the influences of temperature; this exhausts, to some extent, while the positive shock received by a sudden change, even if successfully resisted by nature at the time, requires a consumption of vital force to a very great extent. 3. The use of the most easily digested food, or assistance in digestion by pepsin and other peptics; the efforts of nature in digestion consume the vital energy, and the less of this loss, of course, the better. 4. The use of pleasant medicines; you may laugh at this, but it is a fact, that stuffing a nauseous, nasty medicine down a patient is generally productive of a severe shock to the nervous system, and calls forth an effort of the will on the part of the patient, which, if a child, is generally expended—expended I say—in an effort to resist taking it, then having expended its strength, the little thing gives up and takes it, and you have consumed more of the vital force than would be wasted in the ordinary course of the disease in a half day. 5. Mechanical assistance to the circulation as by friction, and also the use of heat to the cold extremities, enables the powers of nature to circulate the blood with less labor, and hence less exhaustion than without this assistance. 6. Avoid all worry and vexation of mind possible, by giving those little attentions which sooth the mind and inspire hope as far as possible; let the attendants, if ever so anxious, conceal all fear and appear as hopeful and cheerful as possible. These points are mentioned more or less in all works and lectures on the practice of medicine, but not in such a way as to call especial attention to them. If we consider that in all continued and exhaustive diseases, to sustain the vital force is the paramount end in view, and that these and like measures are the only means we have in the present state of knowledge, besides the use of medicine to maintain normal action of the different organs, which will consume some vital force, aside from the material result of morbid action—a part, by the way, not often thought of—we will at once see the necessity of noticing all of these small points.

With regard to developing and increasing the vital force, by any direct action we are at present unable to do much, if anything at all. The chemical action of the oxygen of the air upon the carbon of the blood, is probably the chief source of the vital force; means which will increase the inhalation of oxygen will assist; consumptives have derived benefit by a voluntary increase of respiration, and any person by testing it when the extremities are cold will find them to grow warm under active breathing. The inhalation of oxygen has yielded reliable results, perhaps in the future it may, if the lining membranes of the air cells are so constituted as to admit no more oxygen into the blood from the lungs than the proportion contained in the air. Is it not possible that the surface of animals as well as of plants, do some of the breathing, as animals have been

poisoned by the absorption of sulphuretted hydrogen gas from the skin? may not chemical change be increased by the absorption of oxygen gas from the skin? There is infinite room for improvement in this direction.

Art. CXV.—Foreign Body in the Air Passages. By J. D. MINARD, M. D., Imlay, Lapeer Co., Mich.

I have a case in practice that may be of interest and perhaps beneficial to some of the readers of the *Journal*. On the 19th of last August, early in the morning, my little boy, aged 14 months, fell off of a box about twenty inches high, to the floor, and struck on his back. He began to cough some and cry. I picked him up and his breathing was rather difficult; he coughed some more and the perspiration started out on him. As he opened his mouth in crying I discovered the half of a large grain of dent corn lying on his tongue; I removed it, and as its counterpart could not be found, I concluded that part had passed the glottis and found its way into the air passages. This proved to be the case. He had had the kernel in his mouth, bit it in two lengthwise, and when he fell one half was thrown back, and at the same time the child making a sudden inspiration carried it on in the trachea. After a few minutes the breathing improved and he seemed all right, only coughing a number of times during the day. In the evening, after taking a sleep, he awoke coughing and strangling. I took him and during the spasmodic coughing I would turn his head downward and strike him on the back; he coughed and choked so hard it seemed he never would get his breath again, but finally, after vomiting, the spasm stopped, leaving him as limp as a rag, and wet with perspiration. During this time my wife was very much alarmed and dispatched a messenger for help. Dr. Jones came in the course of an hour. We examined the child together and decided the foreign body was lodged in the left bronchus, the air not entering the left lung only when the patient made an extra effort at inspiration. Dr. Jones gave it as his opinion the child would die unless tracheotomy was performed, and he might die if it was. We tried inversion; I held the little one up by the heels while the doctor manipulated, but to no good effect. I decided to take the chances of spontaneous expulsion rather than have the trachea opened. So Dr. J. left the case with me to manage as best I could. I watched him all night and he gradually improved until the next day he was able to be up around again, apparently as well as usual. On the 21st he was taken with a very hard chill and followed by a very high fever, pulse ran up to 140 and 150 per minute. I gave him a solution of ipecac and veratrum. On the 22d fever ran very high, the child was very restless, and ate but little. I continued the solution, giving a dose every two hours. The grain of corn remained stationary in the left bronchial tube. Towards midnight the fever began to abate, and about 1 o'clock A. M. the pulse was down to 80 and the skin was moist, so I quit giving the medicine. The child slept good until daylight, then awoke coughing. The expectoration was quite free, but the fits of coughing were very hard; after coughing about half an hour this way he coughed up quite a bit of phlegm and the corn came with it. He then quit coughing and fell on

the pillow nearly exhausted, but after lying an hour he revived again and was all right, with the exception of hoarseness and a slight cough that lasted for two or three days.

Art. CXVI.—*Rupture of the Spleen.* By H. S. SHORT, M. D., Fillmore, Ill.

On Nov. 12, 1879, I was called to see Mr. Jas. W. Alderson, who had been injured in a fight with a neighbor. A partition fence in bad condition, was the cause of the pugilistic contest. Mr. A. lived four miles from my office, and he did not think for some time that he was seriously injured, so it was over two hours after he received the wounds that I saw him. I found him dying of hemorrhage into the peritoneal cavity, the abdomen was greatly enlarged and fluxion could easily be detected by kneading the abdominal walls. He lived fifteen minutes after I arrived at his place. There were a few scratches on the neck and face and a contused wound on the forehead of a slight character. In the left hypochondriac region extending from the ninth to the eleventh rib were five small discolorations, very indistinct at the time of death, but dark and distinct the following day when the autopsy was made.

It was evident that the contest had not been contumaciously carried on from external appearances, and Mr. A. had lost his life by a diseased condition of the viscera which invited the accident. Dr. Field, the coroner, could not receive notice in time to be present in the evening to attend to his duties in the case. I set 9 o'clock in the morning the time for making the autopsy. Mrs. Alderson requested Dr. W. H. Hobson of Irving to be present and assist us in making the examination of the body. At that hour Dr. Field, Dr. Hobson and numerous neighbors assembled at the residence of the deceased. I made an incision through the integument from the upper border of the sternum to the symphysis pubis. I also made several transverse incisions so I could conveniently open the thoracic cavity and peritoneal sac. We opened the thorax and carefully dissected the heart and lungs and found them normal. Mrs. A. had believed for two years that he was the victim of heart disease, but the dissection demonstrated that he only had "heart disease of the mind." We next opened the abdomen and removed about three gallons of coagulated blood from the cavity before we could examine the viscera. I cut the suspensory ligament and gastro-splenic omentum and removed the gland. It had three breaks on the internal surface, two from the hilus to the anterior margin and one from the hilus to the posterior margin. The spleen weighed three pounds, and it had lost greatly in weight by exudation.

• He had been troubled with a hypertrophied spleen for six years, I presume, from the history of the case given by his wife. The liver, kidneys and stomach were normal in weight and appearance.

Mr. A. was a very strong, healthy man, except the enlargement of the spleen, and that viscus had made life hardly worth living for. Using a military figure he carried a torpedo in his left side that was liable to explode at any time from slight cause and take his life. He had never been

treated for the enlargement of the spleen, for any length of time, for he believed that one prescription ought to effect a cure.

Patients with hypertrophied spleens should not make great physical efforts, and eschew pugilistic exercise.

PERISCOPE.

Foreign Bodies in the Air-Passages.

The first case related by Voltolini (*Monatssch. für Ohrenheilkunde*, Dec. 1879) is that of a peasant, aged 27, into whose windpipe a needle, with a short thread attached to it, accidentally slipped. With the laryngoscope the needle was seen to be sticking into the anterior wall of the trachea, not far above the bifurcation, and from the eye of the needle the black thread could be traced running across the trachea over the right true and false vocal cords to the arytenoid cartilage of the same side, the thread being continually blown to and fro by the current of air. Attempts to seize the thread with forceps were at first unsuccessful; subsequently, however, the author appears to have succeeded in loosening the needle with the forceps, and it, together with the thread, was coughed up. With the view of preventing in future cases a needle which has entered the trachea from falling lower, the author has made some experiments, from which he finds that the application to skin over the windpipe of an electro-magnet prevents the needle from falling down and retains it in contact with the tracheal wall. He also suggests withdrawing the needle through the glottis by means of a wire attached to the electro-magnet (and therefore itself magnetized); but in attempting to do so the needle would in all probability become detached by closure of the glottis, and so fall down into the trachea. In the second case, the ends of a pair of forceps had broken off, and fallen into a patient's chest during an operation for laryngeal polypus. Violent cough ensued, which resulted after nine months in expulsion of the foreign body. The foreign body in this case was supposed to have passed into the stomach, but Voltolini suggests that an analysis of the sputum might have decided the question by showing the presence of iron, especially as the forceps was found to be much rusted. The patient recovered so completely that auscultation and percussion indicated nothing abnormal. The author urges the necessity of care in preventing instruments used in the larynx from breaking off.—*London Med. Record*.

On the Uses of Sulphur and its Compounds in Diseases of the Skin.

Fifty years ago such a paper as the present one would have seemed superfluous, for sulphur was universally recognized as "good for diseases of the skin," very little attempt being then made to separate and differentiate the maladies of this organ, which are now so clearly distinguished. It is not very long since a lecturer, with more wit than knowledge, said that

there were three classes of skin diseases: the first sulphur would cure, the second mercury would cure, and the third the devil himself could not cure.

Modern dermatology has made vast advances since those days, and this branch, so far from being the *terra incognita*, has become one of the most, if not the most developed branch of medicine; a larger number of distinct diseases are perfectly recognized as affecting the skin than any other organ, their differences clearly established, and the therapeutics of this branch will yield the palm to that of no other department.

There are, however, many difficulties inherent in the study of diseases of the skin which have in time past prevented the general practitioner from acquiring a perfect knowledge of this branch; chief among these has been the difficulty of observing cases in sufficient numbers to become familiar with the appearances presented. This, together with the vastness of the subject, must still be an obstacle before many, but to those who will search for and improve the opportunities offered by the large classes of skin patients in the dispensaries of the cities, much of the apparent difficulty in recognizing and classifying diseases of the skin will pass away.

This is premised, much because in my attempt to indicate concisely the true value of sulphur in diseases of the skin I shall be obliged to be very brief in allusion to diseases, and the whole value of my remarks as applied to practice will, of course, depend wholly upon accuracy of diagnosis in individual cases. To prescribe sulphur, or arsenic, simply because the skin is diseased, would be as irrational as to appropriate any other remedies to any special organ of the body, as for instance, to give digitalis whenever the heart is affected. Four years ago the writer had the pleasure of presenting before the American Medical Association a study on the use and value of arsenic in diseases of the skin, in which he endeavored to clear up the subject, by defining clearly what arsenic would accomplish in certain diseases, and in what affections it was useless or harmful. The aim of the present study is similar in regard to sulphur and its compounds, which, while of much service if rightly applied, are worse than useless if wrongly employed.

In studying the subject, we will, for clearness, separate the internal from the external use of the remedies considered, and will speak of each in turn. We have also to consider the following points: first, sulphur alone; next, as combined with other drugs; then of its compounds; and, lastly, of mineral waters containing sulphur.

Sulphur is one of the oldest remedies used in medicine, and it was early employed in diseases of the skin, and has long held its popularity as being "good for skin diseases." The reason of the great reputation of sulphur in this class of affections was undoubtedly because of the remarkable results which followed its use in scabies, and as the real nature of the disease and its cause was unknown, it was readily supposed that it should be equally effective in all skin affections, and it was also supposed that an agent which acted so well externally should be of further assistance when administered internally. Numbers of books have heretofore been written upon the external and internal use of this remedy, and of

course, vast claims have been made for it, which in the light of to-day appear ridiculous. But we will find that sulphur with its compounds still plays an important part in cutaneous therapeutics when rightly and intelligently used.

Pure sulphur is seldom given alone internally, and has not, generally, any effect in diseases of the skin; its internal administration is commonly confined to its use as a laxative. I can, however, speak very highly of it in eczema about the anus and genital region, especially when this is, as is most frequently the case, associated with constipated bowels and piles. I have always employed it in connection with an equal part of the bitartrate of potassa, the precipitated sulphur being preferred. Of this one to two heaping teaspoonfuls are given at night, stirred into a teaspoonful or so of water; the addition of a syrup impairs its value. The benefit from this in eczema of the anus I can attest by a not inconsiderable number of cases. I have no suggestion as to the *rationale* of its action, except that it acts as a liver stimulant, nor have I much experience with it in any other disease of the skin than eczema. I have given it repeatedly when this eruption was situated elsewhere than on the anus, but as many other remedies were used, I can not be certain as to its effects.

The lowest combination of sulphur with oxygen, sulphurous acid, SO_2 , is seldom used internally, but will be spoken of later in regard to its external uses.

Sulphide of calcium, CaS , has recently attained a considerable reputation in the treatment of skin lesions attended with suppuration, and to its value I wish to bear strong witness, as I have notes of over one hundred cases, in which I have used it. The first suggestion of its use was in acne, and a number of observers have testified to its value in certain cases. I have administered it to sixty-nine patients with acne, sometimes alone, more often perhaps combined with local measures, but even then I have been able to test its efficacy, because it was used intermittently, and the changes could be thus readily observed. It certainly will not cure every case of acne, and on many it seems to have little, if any effect. It is chiefly serviceable in those cases which have considerable of a pustular element, either as the acute, small suppurating pimples of youth, or the larger masses of acne indurata; it is of but little service in rosaceous acne.

The somewhat similar affection, hordeolum, finds in the sulphide of calcium its best remedy, and in a number of cases I have seen the styes wither at once under it and cease to be produced; of its great value in this lesion I can bear personal testimony, having taken it myself on a number of occasions and with almost uniform success. In abscess of the external ear it has been highly praised.

Sulphide of calcium is also of decided value in furunculosis, not only in aborting the boils present or forming, but in checking the suppuration from those which have already discharged; this remedy also I believe improves the habit or state of the system, so that in place of a succession of boils, as expected, a single one or two has completed the attack.

The effect is also striking in anthrax, and I have more than once seen

a large mass of inflamed tissue, which would surely have suppurated, subside under its influence; and I have also seen a carbuncle which already exhibited points of pus end in a marvelously short time by this means. I have given it in twenty cases of boils and carbuncles, generally, if not always, alone. It is also of great service in the boil-like masses, often of some size, which appear on the heads of even very small children during the summer. I could give a number of cases where this process was thus checked almost at once.

True, non-parasitic sycosis has in several instances been greatly benefited by sulphide of calcium internally in my hands, though it is capable of carrying the case to a certain distance and no farther.

I have also used this remedy in a number of cases of suppurating bubo during the past year and with striking results; my friend, Dr. Otis, has also recently reported good results in similar cases.

There is not a little difference in the different specimens of the sulphide of calcium, and not infrequently the drug will appear inert. When made into fresh pills they should have a decided odor of sulphuretted hydrogen, and should leave a taste of the same in the mouth; they may also be followed by slight eructations of the same, and the stools should have the same odor.

The dose which I have most usually employed is one-quarter grain, four times daily, on an empty stomach. I have generally used the pills freshly made with a small amount of the extract of gentian, but the gelatin-coated granules are quite reliable. To children I have commonly given it in suspension in water with a little glycerine, and have found it equally effective; the dose has been smaller, often a tenth of a grain, to infants, four or five times daily. I have also given, with good effect, the smaller doses, as one-tenth of a grain every two or three hours.

Sulphuret of potassa is also given internally, and probably will be found effective in the same conditions as those in which the sulphide of calcium is of service; but of this I have no personal experience.

That it is the sulphur which exercises the beneficial effect in these cases there can be very little, if any, doubt, inasmuch as other preparations of sulphur have been used with great advantage in the treatment of boils. These are the sulphite and hyposulphite of soda and sulphuric acid. The former of these preparations I used quite extensively some years ago, and reported very favorably upon it as the best remedy with which I was then acquainted. Sulphuric acid is also well recognized as of service in this condition, and need not be dwelt upon here.

It is also hardly necessary to enter upon the consideration of the many agents used in medicine in which sulphur enters as a secondary constituent in the form of sulphuric acid, but as they are among the most important remedies they should be mentioned: such as the sulphate of atropia, copper, iron, magnesia, mercury, morphia, quinia, soda, strychnia and zinc. It must be remembered that sulphur is a large constituent of the human frame, and not an unimportant one, and that the reasons why the sulphates are among the best forms in which to employ the various other agents may be and probably is because they are already combined with one of the elements of the body. As an example of a wonder-

fully valuable combination of the compounds of sulphur in diseases of the skin may be mentioned that known to many as Startin's mixture, with the following formula—℞ Magnesia sulphat, ℥i.; ferri sulphat, ℥i.; acidi sulphurici dil., ℥ij.; tinct. gent., ℥i.; aquæ, ℥iij. M. Teaspoonful after eating. This is most potent in reducing the cutaneous congestion in such conditions as erythema multiforme, erythematous eczema, and urticaria, and is constantly employed in my private and public practice. The effective agent is certainly not the magnesia alone, for if given singly or in other forms the results are not the same; nor is it the iron or gentian, but it is the *combination*, and I can not doubt but that the sulphur element plays a very important part.

The confirmation of the internal value of sulphur is found in the mineral waters which are impregnated with sulphuretted hydrogen, known as sulphur water, such as those of Richfield, Sharon, Avon, the White Sulphur of Virginia, and many others in this country and abroad. All are familiar with the popular views both among the laity and the profession in regard to the efficacy of these waters in diseases of the skin. There is very generally some basis for popular opinion, and in this instance it is not very hard to find. The error in it is the want of discrimination of proper cases, which must ever obtain in such medical matters. These sulphur waters undoubtedly first obtained much of their reputation from their use externally in parasitic diseases, animal and vegetable, as will be mentioned later.

But these sulphur waters have also some power upon the system used internally, and beyond question are of a certain value used thus in some skin diseases: the water acts upon the liver and intestines, and is undoubtedly of service in the rheumatic and gouty habit. I have seen a certain amount of good from them in chronic eczema and acne, and have personally experienced the benefit of the White Sulphur taken internally alone in urticaria. But multitudes of patients with eczema, acne, and other skin affections go to these springs without benefit, and the many instances of psoriasis which I have seen who had previously been to these springs without permanent benefit leads me to doubt their power over this disease.

I greatly regret that I can not speak more definitely in regard to the internal use of these sulphurous mineral waters in diseases of the skin, for while I believe that as quickeners of the emunctories they are of some value, I have seen so many individuals who have failed of cure at them, that I can not but think that their mode of use has been faulty. Unfortunately we have but very little reliable information in regard to the actual powers of our mineral springs, for little trust can be placed upon the matter printed in the circulars and pamphlets furnished by the hotels, and we have almost no independent and well-weighed testimony, based on large experience. Every physician resident at springs, both in this country and abroad, becomes prejudiced to such a degree as to hardly see any value in other springs save their own, and to attribute everything to the spring in which they have had experience. There is great need for the collection of reliable data on a scale sufficiently large to give deductions therefrom which shall be of value. The writer has many on

record, and seeks daily to gather such from practice, but the reports are yet too conflicting to allow of any conclusions to be formulated. He will be greatly pleased to receive any assistance possible in this direction, and will be glad to learn of positive, proven facts of value in regard to these matters, as he intends to report on the matter when sufficient data are collected.

The external use of sulphur and its compounds is of more definite interest than the internal, because the facts are more conclusively demonstrable.

First and chiefest of all must be placed the treatment of scabies, which, as previously remarked, has probably been the means of giving sulphur much of its reputation as curative of diseases of the skin. The itch is undoubtedly one of the diseases which is becoming extinct with advancing civilization, although in time past it formed a not inconsiderable share of cases with skin disease. It is to-day very much more frequent in some countries than in others. Thus, at the clinic of Prof. Hebra, in Vienna, one sees cases almost if not quite daily, and in Paris it is so common that those affected with it are not admitted to the great Hopital St. Louis, but merely receive a card, which passes them through the rapid cure which will be described later on. In Glasgow scabies formed one-quarter of ten thousand skin patients in public practice. In this country, on the other hand, it is very uncommon, forming only between two or three per cent. of all the cases of general skin disease which I have seen in public practice.

During our late war, however, the disease was much more prevalent, and good observers consider that the "army itch" was only this disease. It is also sometimes common in public institutions.

It is, therefore, principally as a local agent that sulphur has its chief reputation, and it is thus that it is often employed in general skin disease, with the hope or impression that in some way sulphur is "good for the skin," without any definite idea of what is to be accomplished.

Now, sulphur is an irritant to the skin, whether it is applied to abraded surfaces or rubbed well into the healthy skin, and this must ever be borne in mind when it is used. It is of value, therefore, only when a stimulant is required, or when its parasitic action is desired, and is consequently of service in comparatively few diseases of the skin. Foremost among these still stands scabies, for which it may almost be called a specific, for it certainly can, singly and alone, cure this eruption by destroying the cause, the itch insect.

The treatment of scabies has been now reduced to a very simple matter in most cases, and depends upon the very thorough application of the parasiticide to every place occupied by the burrowing acarus. The plan generally adopted is that of Hardy, of Paris, which consists in soaping the body well for half an hour, following this with a warm bath for an hour, and giving then half an hour of thorough inunction. The sulphur ointment of the Pharmacopœia, which is composed of one part of sulphur to two of simple ointment, is far too strong for most skins, and is apt to excite an artificial inflammation, which may readily be mistaken for a further eruption of scabies. It is well, therefore, not to have it used too

long or too energetically on delicate skins; one thorough course, such as that above described, suffices for the cure of many cases, but it is well always to wait a few days to observe whether the itching returns, when the course may be repeated. I seldom, however, use the officinal ointment, but prefer to have one made of a strength suited to the individual case, generally about two drachms to the ounce, adding a drachm or two of storax, which is a parasiticide of very considerable value.

Precipitated sulphur is of no little value in acne, and many of the best applications used for this eruption depend largely for their efficacy upon sulphur. Such, for instance, as the following—*R* Sulph. precipitat. $\mathfrak{z}\text{i}$.; etheris sulphurici, $\mathfrak{z}\text{iv}$.; spts. vini rectific., $\mathfrak{z}\text{iiijss}$. Also,—*R* Sulph. precip. $\mathfrak{z}\text{i}$.; tinct. camphoræ. $\mathfrak{z}\text{ij}$.; glycerini, $\mathfrak{z}\text{ij}$.; aquæ rosæ, $\mathfrak{z}\text{iiijss}$. Mix.

The compounds of sulphur will also be found very efficient in acne, as, for instance, the hypochloride of sulphur, so much extolled by English physicians, used in the strength of one or two drachms to the ounce of ointment, well rubbed into the face at night. Iodide of sulphur, used in the same way, in perhaps a little less strength, is also effective.

But all these applications are stimulating, and care must be taken not to carry this plan of treatment too far, for while we can, by well regulated stimulation urge the skin to healthy action, it is very easy to overstep the bounds, and we can have the harsh, irritated skin, which may be even more annoying to the patient than the eruption which we seek to remove.

Another compound of sulphur is also of very great service in acne, and this found in a formula which I have mentioned already several times in print. This preparation is only mildly stimulating, and is one which can often be used with advantage even in quite inflamed faces. It is composed thus—*R* Potass. sulphuret, zinci sulphat., aa. $\mathfrak{z}\text{i}$.; aquæ rosæ, $\mathfrak{z}\text{iv}$. Mix. The ingredients are each dissolved in one-half the water, forming clear solutions; they are then mixed, and a white precipitate takes place, which is to be shaken up, and allowed to dry on the face. In speaking of the value of local applications in such eruptions as acne, etc., it will be understood, of course, that internal, dietetic and hygienic measures are to be used as well; these are, of course, foreign to the immediate purpose of this paper, which is only to show the importance of sulphur as an agent in dermatological practice, if rightly used.

Sulphur and its compounds have a not inconsiderable value in the treatment of the vegetable as well as animal parasitic eruptions. Sulphur will destroy the life of the parasite in favus, ringworm, and tinea versicolor, and may be employed with success in several ways. My preference is usually for sulphurous acid, as I have urged on several previous occasions. The mistake in the ordinary methods of using sulphurous acid is, I think, two-fold; first it is generally recommended to be used diluted with one or several parts of water. This I consider to be entirely unnecessary and worse than useless, as it diminishes the efficacy of the remedy. Pure, *fresh* sulphurous acid I have not found too irritating, even to the skins of females and children, to whom I constantly advise it. The reason for the common advice to dilute it rests, I think, upon the second error which generally occurs, namely, that the acid is not perfectly fresh, but has undergone a decomposition, as it has a very great

affinity for oxygen, whereby it is changed from sulphurous acid (SO_2) to *sulphuric* acid (SO_3), which latter is, of course, irritating to diseased and delicate skins. To avoid this as far as possible I always order a fresh, unopened package of sulphurous acid, as it comes from the manufacturers, in half-pint and pint bottles, and have the patient fill a small bottle, say one containing an ounce, from this, and use from the smaller bottle, keeping the larger one tightly corked; when this direction is followed only good results are seen.

Sulphite and hypsulphite of soda, in solution, two to four drachms to the ounce, will also serve tolerably efficiently to remove these vegetable parasitic eruptions, but are of less value than the pure sulphurous acid, upon which their virtues depend.

We may also use the sulphurous acid very efficiently in the way of the well-known sulphur vapor-bath, which is made by burning sulphur in a closed box in which steam is also confined. This will remove the *tinea versicolor*, or liver-spots, of older writers, on the chest and back quicker than almost any other measure, a very few baths serving to quite free the skin from it. But this eruption has a very great tendency to relapse, because the destruction of the parasite may not have gone far enough to reach every spore, and a single mass of the vegetable growth remaining in or around a hair follicle may be the means of propagating the disease anew. It is well, therefore, to continue treatment for some time after the apparent removal of the eruption.

A word may here be added in regard to the use of sulphur vapor-baths in other diseases of the skin, for it is very common for patients to try them, and for physicians to recommend them indiscriminately in all cutaneous diseases. It may at once be stated that they should not be used, and I see far more persons who have tried them either ineffectually or to their harm than I see those who are benefited by them,—yes, two to one. It may be almost too trite a remark to make here, that the value of remedies in skin diseases depends wholly on accuracy of diagnosis and applicability of the remedy, but it is a point which is hardly enough borne in mind by the profession at large, and no better exemplification of this can be found than in the reckless way in which sulphur baths are advised when the skin is diseased, unless it be the wholesale administration of arsenic under the same conditions. Sulphur vapor-baths are of service in comparatively few diseases of the skin. In the vegetable parasitic diseases as mentioned, they are useful, except, of course, for eruptions on the face and scalp, where they cannot be applied. They are also of value in scabies, though inferior to other means. Psoriasis is benefited by them, but can not be cured by this means, and not infrequently they will hardly affect the eruption at all.

Sulphur vapor-baths are, as a rule inapplicable in eczema, except perhaps in some very chronic cases, where the disease is localized to a few patches, and the skin is hard and strong. In the vast majority of cases of eczema the sulphur vapor-bath irritates the skin and aggravates the eruption, or causes new diseases. It is wholly inapplicable in such eruptions as urticaria, herpes, pemphigus, and the like, together with the large classes of hypertrophies, atrophies, and new formations of the skin.

In regard to the use of the sulphur vapor-bath in syphilis there is some difference of opinion, but there can be no doubt that it can not cure the disease; though, by increasing the emunctory action of the skin, it may make the mercurial course to be better borne, and more effective in certain cases which have long resisted treatment.

Time and space forbid entering more largely into the subject, but sufficient has been said to call attention to the wide field of usefulness which sulphur plays in the treatment of diseases of the skin, and yet to show that it is not a panacea for this class of affections. These remedies are to be employed intelligently, like any others, and when so used may generally be relied on in the appropriate diseases.

Sulphur is of value internally, as it acts upon the liver and intestinal canal in cases of eczema of the anus, and in many cases of other skin diseases which are accompanied with piles. In its compounds it is of value in diseases in which the production of pus is a feature, as in the use of sulphide of calcium, sulphuric acid, and hyposulphite of soda in boils, acne, carbuncles, etc.

Locally, the main use of sulphur is in the treatment of the parasitic diseases, animal and vegetable, and is also of service in acne. It is a local *stimulant* and, if incautiously used, gives rise to *irritant* action, and is entirely inappropriate in acute inflammatory skin affections, and useless in hypertrophies, atrophies and new formations. Sulphur vapor-baths and mineral water containing sulphur should not be used indiscriminately in skin affections, but are of value in parasitic diseases, and also in those in which a rheumatic element is strongly pronounced.—*L. Duncan Bulkley. M. D., in Arch of Derm.*

Sole-Leather Splints — An Improved Process for Making them. By BERNARD BARTOW, M. D.

The use of sole-leather for splints and other surgical appliances, though commonly mentioned by surgical writers, has never reached great popularity owing to difficulty attending its ready manipulation. Possessing as it does, strength, lightness, durability and porosity—almost every requisite for a perfect splint—it is unfortunate that it should be lacking in pliability,—which constitutes the principal objection to its more general use. This difficulty, however, of moulding leather upon complicated forms, is only a comparative one, for when the necessary force can be employed, it can be made to assume quite easily, almost any desired shape.

As ordinarily used, a splint has been formed by moulding a previously moistened piece of leather, upon the limb which it was designed to support. In such cases, the limb being injured, or in some other abnormal state, only a slight degree of force could be used in forming it; the result would be an imperfectly fitting, clumsy support. Even though the limb were normal and able to bear considerable pressure, the yielding nature of the muscular tissue would prevent the formation of, what is a desideratum in a splint, viz, the counterpart of the limb in form.

These objections to the free use of leather for splints I have in large

part overcome, by substituting for the human limb accurate casts in plaster of Paris, of human limbs. These furnish resisting forms upon which the leather, previously moistened and rendered flexible, can be moulded by the application of the requisite force, so that a splint made in the manner I shall describe shall be a counterpart of the form upon which it is made. To make a cast of a limb—taking for example the leg and foot, I first make a mould in the following manner: The limb is freely anointed with olive oil, after which a tight-fitting stocking may be drawn upon it (a bandage nicely applied from the toes to the knee answers nearly as well as the stocking.) For an adult limb, take one pound of bee's wax and melt it by placing it in a basin of boiling water, when the melted wax will rise to the surface. With a flat paint brush, evenly and quickly apply the melted wax to the limb, the limb being held in the proper position by an assistant, taking care to apply it thinly when putting on the first layer, to avoid burning the model. After the limb is thinly covered with wax it may be applied quite freely without burning. When a coating one-eighth of an inch thick has been formed upon the limb, cut through the stocking and wax upon the front of the leg, from the knee to the toe, and carefully spring the mould off the limb. Adjust the cut edges and fasten with a few strips of cloth dipped in hot wax, after which the mould is evenly bandaged to give it additional strength, and then placed in a box or keg containing light loam or sand which is placed around the mould, to support it evenly while the plaster is being poured in. After the plaster has "set" the mould may be removed from the casting in the same manner as from the limb, and laid aside for subsequent use. For the splint, a piece of sole-leather from one-sixteenth to one-fourth of an inch in thickness (according to the strength necessary for the splint), sufficient to invest the casting, is required. Before applying this, it should be soaked for one to three hours in warm water until it is quite soft and flexible, then wrap it around the casting, cutting away the leather until the edges meet accurately in front, at the top of the cast, at which point it should be fastened with a strong cord. Then with a long piece of marline or clothes-line closely wind the leather upon the cast, cutting away the superfluous leather as it is drawn to the front, making the edges meet in the center of the cast in front; in this manner continue over the entire surface of the leather, which will be drawn in, and made to conform to every part of the surface beneath it. Place the whole in an oven to dry. Then remove the leather case from the cast, and cut it down the center behind, making two side splints. After cutting away the sharp edges, the splint is ready for use.

A number of castings of limbs, from persons of different ages and sizes, may in this manner be made, and upon them may be formed splints, which would be adapted to all ordinary uses. Their durability enables them to be used an indefinite number of times, and even though they may be moistened frequently, in fitting them to different individuals, they retain their form. With them, the ease with which a fractured limb may be dressed, is reduced to a minimum, as is also the subsequent care that a case of fracture requires. The splint being the exact mould

of a limb in proper position, a fractured limb once encased with it, is firmly and accurately held in the proper position for the bones to unite.

Extension is constantly maintained by reason of the splint taking hold of the whole surface of the limb. Either the scultetus or many-tailed bandage may be employed to secure the splint, which will allow of easy examination of the limb with the least possible disturbance. The patient may be permitted to go upon crutches in four weeks with such a dressing, the lightness of which is no inconsiderable feature in the comfort he enjoys in this connection. In one case of fracture of both bones of leg occurring in the practice of a friend, the patient was permitted to go about on crutches at the end of fourteen days with this form of dressing. It is not claiming too much for it to make the statement, that it will wholly take the place of plaster of Paris as a permanent dressing for fractures.

I can recall twenty-five cases of fracture of leg in which I have employed this form of splint, or seen it employed, and in every instance it has given eminent satisfaction to both patient and physician. I know of no case where deformity has followed its use, and in no case where it has been used has the shortening of a limb exceeded one-half inch, while in many cases no shortening was discoverable. A number of surgeons of this city have employed it, and all report the most gratifying results from its use.

The same process I have described for making splints would, it seems to me, be applicable for making the corset or jacket for spinal curvature.

This appliance made of leather would possess many advantages over plaster of Paris, or the "paper and glue" brace of Dr. Morgan Vance. It could be easily removed for purposes of cleanliness; as the degree of curvature changed it could be remolded to accord with the changes; while its expensiveness to begin with, might exceed that of other methods, its durability, and the ability to use it over and over, would in the end make it the most economical apparatus.—*Buffalo Med. Jour.*

The Dual Action of Drugs.

Everything we see in nature is suggestive; its phenomena, carefully observed, are the open doors to the magnificent results of science, whose revelations often seem so marvelous. The thoughtful mind seizes hold of a little fact, which has been repeated, though its suggestions have been unheeded, thousands of times before, illustrating a principle as old as organized matter, and, following out the line of thought suggested as to cause and effect, a principle is unfolded which sweeps away crude and ill-formed theories, substituting the positive working of a clearly defined and well understood law for conjecture and empiricism.

The falling apple was no new fact, but it awakened in the receptive mind of Newton an inquiry as to the cause, which resulted in the unfolding of the law of gravitation. The rise and fall of the lid of the tea-kettle was nothing new, yet it awakened in the mind of the youthful Watts a line of thought which has taught us the power of steam and revolutionized the industries of the world.

The dual action of drugs is nothing new, but an understanding of the simple principle involved has given us the corner stone of a scientific therapeutics. To derive any advantage from this principle, however, we must follow the same close and careful line of study, which alone meets with success in any department of science: in other words we must generalize less and individualize more.

All forms of sickness of the stomach are not generally supposed to arise from the same cause, hence it will be perceived why in one case small doses of *Ipecac* would be followed by prompt relief, while in another case, where the trouble was the result of an entirely different cause the drug would be useless. Simply because *Podophillin* will produce diarrhœa, no scientific observer would jump at the conclusion that it is an unfailing specific in all forms of infantile diarrhœa, no matter what the cause or what the pathological conditions. Every drug has its own specific action on the human organism; one affecting the nerves of motion, another of sensation, one contracting, another relaxing, one affecting the tissues, another the bony structure, and each one, given in sufficient quantity, producing certain pathological conditions in local parts, and through them, by reflex action and by disarrangement of nutrition and circulation, disturbing more or less the whole system. No scientific observer would take at random here and there an isolated symptom, without regard to cause, and expect to obtain the specific result of the drug. The sickness of the stomach might be occasioned by cerebral irritation or general anæmia, the burning in the urethra by nervous exhaustion or the chemical condition of the urine, and in both cases we might find that the drug which at first glance, judging by an isolated symptom, might seem indicated, would be entirely out of place on fully investigating the case. Given, a careful history of a case, including temperament, hereditary predisposition and the leading symptoms present, with a clear idea of the pathological conditions which might be expected from the picture thus presented, and the result is a pretty sure indication of the cause of the disease; but what a parody upon medicine, as a science, to say that with all this information before us, our profession, with its centuries of thought and accumulated wisdom has given us no principle to guide us in the selection of a remedy.

The proper use of food and the observance of those hygienic laws which are now, by the profession, at least, better understood than ever before, are, of course, essential to health; but the physician has to deal with the results of a disobedience of these laws, when something besides a careful observance of diet and sanitary methods is necessary. Mechanical means and palliatives may be and are, often required, but has no principle yet been discovered to guide us in the selection of a remedy for the disturbed vital forces? Study side by side the poisonous action of *mercury* and syphilis; note in your comparisons not only the strong points but the delicate shades, and then give to your syphilitic patient, when you find the likeness present, *Mercury*, not in heroic doses, but doses just large enough to override and crush out the effects of the poison without leaving any trace of violent drug action. A careful study of the poisonous action the drug leads you directly to its curative action. Every day

presents so many illustrations of this fact that it is a marvel to us how thinking minds, minds trained to scientific precision, can fail for a moment to see that in the dual action of drugs we have found at last, the key to a scientific therapeutics. Every case must be individualized and the dose carefully directed to meet the peculiar indications. The dose may be exceedingly minute, or of a more positive character, as the indications warrant. Will the *Medical Review* carefully study the dual action of a few of the remedies used by all schools, such as *Aconite*, *Digitals*, *Veratrum viride*, *Opium*, *Phosphorus* and *Tartar emetic*, letting the poisonous action of the drug be the guide to its use when like symptoms prevail in disease, and see if it has not found, at last, a therapeutic principle which, though it may be "neither new nor mysterious" will lead it to a clearer perception of its work and foreshadow the possibilities of the future.—*Hom. Times*.

The Hot Rectal Douche.

Dr. J. R. Chadwick, of Boston, says: The chief avowed purpose heretofore of this remedy has been the removal of fæcal masses. I have selected a few cases for examples, not as haphazard, but as typical cases of a further use of this same agent. Oct. 15th, 1877, Mrs. C. gave birth normally to a child, since which time she suffered from abnormal diarrhœa. The pelvic organs are healthy, but pressure towards the rectum resulted in pain. The hot rectal douche arrested the diarrhœa and abdominal pain, and aching of the back was immediately arrested upon use of the douche.

[The Doctor proceeded at length to detail the various cases in which he had applied the douche effectually, and then continued as follows]:

I could now include a far more important class of cases, pelvic inflammations of all kinds. In my early practice my attention was called to the very limited extent of tissue affected with which the vaginal walls came in contact. [The Doctor produced one of Braun's plates to show with what a restricted extent of the peritoneum the vagina is in contact]. Of course, the cervix is more easily reached in this manner. The peritoneum overlaps Douglass' pouch, an inch in the rear, and the water gets within a small distance of the peritoneum, and may by vaginal injection affect a small portion of the womb and the bladder, consequently you see how limited must be the effect. The bowel passes up entirely, encircling in this case the body of the uterus, and comes into close contact with the ovaries. It can be easily understood how hot water brought into contact with the inflamed organs has a wonderful effect. When hot water is thus brought into the abdominal cavity it will encircle the whole mass of pelvic organs, and will retain its heat for a long time. I had a case of severe backache and painful defecation. The hot rectal douche was applied and in a few days she reported herself relieved of all symptoms; the uterus could no longer be felt above, and Douglass' pouch no longer continued painful.

After citing a large number of additional cases, he continued: The water should be as hot as the hand can endure. While using the douche pass the finger into the vagina with the palm backward. The minute you

begin to feel the lower pouch filling up you must pause a moment, without a withdrawal of the nozzle. In this wise from 1 to 4 pints of water may be introduced without exciting immediate action. The patient must be quiet for about a half hour. It is not wise for the patient to resist the expulsive efforts of the muscles. The peristaltic action is very variable. Sometimes it will be set up very soon, and sometimes not for hours. I am unable to say how far up the water usually passes, but I am satisfied it passes through the large intestine to the valve. Retrostalsis, I am satisfied, does occur under some circumstances. I recommend its use two or three times per day for a week or so, and then sometimes to be discontinued for a week. I recommend the douche principally for an inflammatory condition of the large intestines or the rectum; secondly, a condition of the pelvic organs characterized by painful defecation, or burning sensations about the ovaries.—*Lancet and Clinic.*

The Stigmata of Maize.

We copy from the London *Practitioner's* translation from the "Progres Medicales" the following on *corn-silk* as a diuretic. Some months ago we asked our readers to investigate this new remedy when the roasting ear season came. It is now with us, and we hope some of our friends will report to us the results of their trials with it:

It is hardly a year since this remedy was first introduced into the ordinary routine of practice, and yet it may not be uninteresting to make an abstract of some of the papers which have been published in regard to it. Prof. Castan, at the Montpellier meeting, called attention to the stigmata of maize as a remedy which he had long known and which he had found to be of great use in gravel and nephritic colic. In the latter disease there ensued, after the administration of the drug, a marked decrease in the painful symptoms, and he therefore supposed that the stigmata acted less as a diuretic than as a local anesthetic. Prof. Denuce, of Bordeaux, obtained the most favorable results from its use in vesical catarrh, in which it appears to possess an elective action on the mucous membrane of the bladder. Dr. Pons, of Nerac, and Dr. Queirel, of Marseilles, had also frequently employed the stigmata of maize. M. Queirel observed that the pain was greatly alleviated in nephritic colic after the use of the remedy, but the urine was at the same time markedly increased in quantity. At the Therapeutic Society M. Constantin Paul stated that he was not convinced of the diuretic properties of the stigmata, although one of his colleagues had obtained some very striking results, the quantity of urine being in one case of dropsy increased from five to fifteen hundred grams after the ingestion of three spoonfuls of the syrup. Dr. Landrieux has arrived at the following conclusions, based on a considerable number of observations:

1. The various preparations of the stigmata of maize are of use in modifying the secretions of the urinary tracts. They may also be considered to possess a distinctly diuretic action.

2. Diuresis is rapidly produced and the increase of urine is very marked after three or four days.

3. The diuretic effects are observed not only in diseases of the organs concerned in the urinary secretion, but also in the affections of the vascular system (diseases of the heart, blood vessels, etc.).

4. The pulse is regular, the arterial tension is increased, while the venous pressure is diminished.

5. The remedy produces no disturbance of the nervous or digestive systems. The tolerance of the drug is complete and absolute, while in chronic cases its administration may be continued for three to six months without inconvenience. The different results which the use of the stigmata of maize has given at the hands of different observers appears to be due in a large measure to the fact that the strength of the extract varies according to the nature of the soil, to the climate, to the time, to the mode of picking and to the manner of drying the stigmata. The formula for the preparation of the syrup is not yet fixed, since the quantity of the active principle varies in different samples of the stigmata. The Pharmaceutical Union adopts formulæ which contain in one case six and in another twelve grams of extract to the kilogram of syrup. The latter receipt is based on the assumption of a strength of 12 per cent. This quantity appears, however, to be too small, since the best samples of stigmata yield 25 to 30 per cent. of extract, or on an average 27.5 per cent. The kilogram of syrup will therefore contain 27.5 grams with this strength (27.5 pro mille). The daily dose of the syrup will be two to four spoonfuls, representing about one to two grams of the extract. In all cases the syrup should be employed in preference to an infusion of the stigmata of maize.—*Louisville Med. News*, July 3, 1880.

A Crucial Test of Homœopathic Medicines.

In the New York *Homœopathic Times* for March, 1880, is an account of a series of experiments instituted for the purpose of testing the effects of the thirtieth dilution of the tincture of aconite. The project was set on foot in Milwaukee by a homœopathic society and carried out with great care. In the words of the originators, "the object of this test is to determine whether or not this preparation can produce any effect on the human organism, in health or disease." "A vial of pure sugar pellets, moistened with the thirtieth Hahnemannian dilution of aconite, and nine similar vials moistened with pure alcohol, so as to make them resemble the test pellets," were given to the prover, who was not to know which of the ten vials contained the aconite. The vials were numbered from one to ten, and the prover was to administer them to individuals, sick or well, and to detect by the effects which of the vials contained the medicine. It was provided that "the provers must be physicians of decided ability, who possess a good knowledge of the recorded symptomatology of aconite, and who have faith in efficacy of the thirtieth dilution." The project was widely announced, and the ten vial package was sent to each of twenty-five homœopathic physicians applying for them, scattered over a dozen different States. To guard against all possible fraud or trickery, the Rev. Geo. T. Ladd, Professor of Mental and Moral Philosophy in Bowdoin College, Maine, was selected to distribute the vials to applicants, and to receive reports from them.

Now, all this was not only decidedly fair, but it was highly creditable to those who ventured on an experiment involving so much peril to a favorite theory. One looks to the result with much interest. The result, so far as it has transpired, appears in the report of Mr. Ladd, which was not made until after the date allowed for the returns from the provers. By his report it appears that only nine of those gentlemen ventured on any answer whatever. Mr. Ladd's report is thus summarized in the general report made to the Milwaukee Academy of Medicine—the body which originated the project—and signed by Samuel Potter, M. D., President, and Eugene F. Storke, M. D., Secretary :

Number of tests applied for and sent out.....25.

Number of tests which have been reported on.... 9.

Number of tests in which the medicated vial was found 0.

Be it remembered that these statements do not come from the opponents of homœopathy, but from its own adherents, and not from a local or partial source, but from a select body representing the more intelligent portion of the sect. We have never met with any evidence more damaging to homœopathy. True, the blow strikes only at the infinitesimal phase of the system, and not at the dogma of *similia similibus*; but it is also true that the head and front of homœopathy is the unphilosophical, unscientific, and absurd doctrine of potentization, and not the theory implied by its title.—*Michigan Medical News.*

A New Method of Applying Pressure in Traumatic Aneurism.

By B. R. PALMER, M. D.

The apparatus is so simple that its utility in a wide range of lesions, where pressure upon one point is desired, without constriction of the surrounding tissues, is apparent at first glance; and, so far as I know, it is new. I will illustrate the method by the description of a case which came recently under my care, and in which the result has been all I could wish.

Louis Wimmer, a young man about 25 years of age, a butcher, of large stature, robust and athletic, by accident plunged a long, slender, sharp-pointed butcher's knife into the thigh on the inner side, just above the middle, and directly down upon the femoral artery. When called in to see him, the external bleeding was not very profuse, but a tumor about the region of the wounded artery was being rapidly developed. I immediately applied a compress over and a little above the wound, to control the hemorrhage until I could procure men to apply digital compression. The aneurismal tumor was then from four to five inches in diameter, and projecting very distinctly. While engaged in this, the idea of using the plaster of Paris shell occurred to me, and I immediately put it in practice. I cut a band of thick Mackinaw flannel, such as I use in applying plaster of Paris splints to fractures, about six inches wide, and long enough to envelope the thigh and lap over about two inches. Through the part of this band opposite the femoral artery, where I wished to apply pressure, I cut an aperture about an inch wide and two inches long. The cloth for the splint thus prepared, I worked in a mixture of plaster

of Paris and water, of the consistence of thick cream, to which a few grains of potassium sulphate had been added to hasten the setting of the plaster, and applied it around the thigh so that the aperture came directly opposite that part of the femoral artery, just below the profunda, where I wished to apply the pressure. Within twenty minutes this band or broad ring had set and become sufficiently hard to resist a very considerable degree of constriction. Through the aperture I applied a piece of cork, properly shaped, and covered with chamois-skin, pressing it down upon the artery, and letting it project more than an inch outside the band. Then adjusting the cork, as nearly as I could, upon the artery, I applied a roller bandage of stout elastic webbing around the thigh outside the plaster band, and over the projecting portion of the cork compress, increasing the tension at every turn until pulsation at the popliteal space could be no longer felt. Instead of elastic roller, undoubtedly a tourniquet, or common roller, might be used. This was allowed to remain for about twenty-four hours, with very little inconvenience to the patient. On loosening the apparatus there was no return of pulsation, and coagulation of the contents of the tumor seemed to have taken place. There is very little more in the history of the case. The patient returned to his work much sooner than I advised, but no accident followed, and in a few weeks the tumor had become absorbed, and gave him no further trouble.

In addition to cases such as I have described, the application of this apparatus is of the greatest benefit and convenience in secondary hemorrhage from gun-shot wounds and in amputations, particularly those from frost bites, where secondary hemorrhage so frequently occurs, and where long-continued pressure is necessary. Plaster of Paris fills the indication most perfectly because it can be so accurately adjusted to the limb; but a band forming a ring, of sole leather, of tin, of very heavy paste-board, or other resisting material, would do in an emergency, and would probably answer very well. During a long course of practice, of more than thirty years in civil and military service, I can remember occasions where a knowledge of this method would have relieved me of serious embarrassment, and, in all probability, would have saved more than one life.—*Chicago Medical Review.*

A Neglected Symptom in Breast-Cancer.

Dr. Herbert L. Snow, of the Brompton Cancer Hospital, calls attention (*Lancet*, 1880, vol. 1, p. 912) to a symptom of cancer of the breast which is usually overlooked. He refers to a thickening of the humerus on the side corresponding to the diseased gland, accompanied by tenderness on pressure. This condition obtains mainly over the trochanters and the upper third of the bone. On firm pressure the patient complains of tenderness, which tenderness extends for a variable distance down the shaft beyond the part where thickening is apparent. The tenderness and thickening rarely interfere with the movements of the arm, and are never noticed by the patient before examination; they are detected only by digital pressure and comparison with the humerus on the opposite side.

Occasionally (but not often) there is also some thickening of the clavicle. The condition never advances to any very marked hypertrophy. These symptoms are usually found early in the course of the disease, and simultaneously with the commencing enlargement of the axillary glands. Dr. Snow regards the thickening as a low form of periostitis consequent upon the deposit of cancer-germs in the medulla.

Intermittens Quotidiana Cured by Arg. nitr.

Man of 30, hoboist, of slender and very emaciated figure: face pale, thin, haggard, bearing the imprint of a deep-seated disease. His sickness commenced three and a half months ago, when he was obliged to stand a long time in a raw wind, after being heated to a perspiration by a long march. Toward evening he was taken with a severe chill, which was followed by heat, and in the night by profuse perspiration. At the same time he had also a violent cold in the head. He was carried to the military hospital and treated with *Quinine*, whereupon the febrile symptoms subsided, but exceedingly profuse night sweats remained.

Status presens, three and a half months after the commencement of the disease: continued chillness, considerably worse after sunset; the mucous membranes anæmic; very troublesome coryza, with stoppage of the nose; at times thick, yellowish, fetid "clinkers" are removed with difficulty from the right nostril; he must blow his nose hard, at which time a little blood comes out of the right nostril. Not the slightest sense of smell; speaks through his nose; much white mucus collects in his mouth; the root of the tongue coated thick and white; frequently unnatural appetite, notwithstanding a bad taste in the mouth; the right side of the head is very painful and sensitive to the touch; the hair is there thinner than on the left side, on account of the falling out of the hair; there is a tearing pain in that side, which attains a fearful violence in the right temple; worse in lying on the affected side; worse at present during day, but it appears also nights, forcing tears in the eyes. This pain appeared simultaneously with the night sweats, but in a mild degree; pills (probably *Atropin*) which he received for the latter made the neuralgia much worse. The pain extends also to the right ear, and there is a sensation as if a sharp knife was cutting in it; if the pain is not very violent, there is a sensation as if somebody was picking in the ear with a sharp instrument. Steam from *Chamomile flowers* gives relief; cold air increases the pain, but still he feels better in the open air. Depressed spirits. *Arg. nitr.*, 3 dil., three times a day, three drops.

Improvement commenced with the second night. Two weeks later, at night, he had a severe attack of neuralgia, but worse in the left side. Taking this for the effect of the medicine, it was left off, whereupon the pain disappeared entirely, but the right temple remained sensitive to pressure a long time. Speaks less through the nose. The unnatural hunger is now natural. One week later (commencement of fourth week of the treatment) the same medicine every four days, morning and night, two drops. Four weeks later entire recovery; looks well and healthy; red cheeks; gained in weight.—*Hirsch. Ztschr.*

Erysipelas Traumaticum, or caused by Arn. By F. G. ORRILL,
M. D., Tompkinsville, N. Y.

A healthy and robust-looking man of 40 has many varicose veins on his legs. Whenever his skin is bruised or injured, even slightly, it heals slowly and with much difficulty, often with ulceration. Recently he received so slight a knock on the left ankle that he scarcely noticed it, but the place soon grew sore. His physician ordered constant application of a cloth, moistened with a lotion composed of tincture of *Arn.* and *Sugar of Lead*. This made the disease much worse. When I saw the foot five days later, the ankle looked as if it had been scalded or attacked by a severe erysipelas bullosum, measuring each way about 8 or 9 inches, worse in front and meeting behind. Much itching and burning. From past experience he did not expect to get well short of three weeks at the earliest. *Rhus. tox*, 2 dil. every two hours. No change after 24 hours.

As this disease resembled closely a severe scald, and as the best remedy for the latter is *Bicarb. of soda*, I ordered the constant application of a cloth, wet with a solution of the salt (1 teaspoonful to a cup of water). The itching and burning subsided very quickly. Much improved the next day. The fifth day he was discharged from treatment and went to his business.

I shall also try the same treatment in the next case of idiopathic erysipelas.—*Homœopathic News*.

Cod-Liver Oil Masked by Iodoform.

Dr. Fonssagrives, having ascertained that the addition of iodoform and essence of anise effectually masks the repulsive taste of cod-liver oil, always employs this combination in cases where the union of iodine with cod-liver oil is indicated; iodine being conveyed into the economy in a larger proportion by means of iodoform than by any other preparation. Patients, after comparing this mode of taking cod-liver oil with the ordinary modes, unanimously declare in favor of the taste and smell of the former. To 100 grammes of the oil a $\frac{1}{4}$ gramme of iodoform and 10 drops of the aniseed are added.—*Progres Medicale*.

Inoculation.

A correspondent of the *Daily News*, who has been traveling through Persia, gives an interesting account of a curious sort of spider-bug, known scientifically as *Arga Persica*, and locally as *garrib-gez*, or "bite the stranger." One village is especially infested with this beauty, and the curious fact in reference to it is, that the inhabitants are never stung, or at least if stung are not injured thereby. Experience has shown that when one has been bitten, and has recovered, he is in no further danger. It is a kind of inoculation, and Persian physicians assert that if the poison be taken into the stomach an equal safety is insured. Consequently, it is usual for strangers going to the particular village referred to to have some bread with a bug concealed in it administered to them—decidedly an instance of homœopathic treatment. The bite to strangers is both painful and dangerous.

Acidity as a Cause of Sterility.

In many cases of sterility the cause is not discoverable. The conditions for impregnation are apparently all present—the anatomical configuration of the female genitalia is perfect, and the male fluid teems with lively spermatozoa,—but the most honest effort is unattended with the desired result. In a recent paper read by Dr. Charrier before the Paris Society de Medicin and published in the *Bulletin de Therapeutique*, the possible hindrance in such cases is pointed out. The paper closes with the following conclusions:

1. In some rare cases, in women who are otherwise quite well, the utero-vaginal secretions are quite sour, as is seen by their reddening litmus.

2. This acid may prove an absolute obstacle to fertility, as spermatozoa are killed in even a slightly acid medium.

3. This abnormal state is to be remedied by an alkaline treatment, by means of alkaline drinks and baths, and tepid alkaline injections.

4. When this acid condition has been neutralized, conception may take place. (Two cases in point are detailed).

5. This disappearance of activity under the influence of alkaline treatment may explain the success which is obtained at alkaline and sulphuro-alkaline mineral water establishments in the treatment of sterility.

In a note in the *Bulletin* of June 30, Prof. Pajot entirely confirms this statement, and says that for many years past he has been in the habit of prescribing injections of Vichy water in these cases of acid vaginal discharges. He observes that in fair women, and especially those with a red complexion, and more rarely in brunettes, the acidity of the secretions sometimes reaches such a point that, in spite of the extremest cleanliness, the acid odor is perceived during the passage of the speculum. Dr. Charrier says that the best liquid for injection in these cases is that devised by Byasson (water 1000 grammes, the white of one egg, and fifty-nine grammes of phosphate of soda), in which he was able to keep spermatozoa alive for twelve days at a temperature of 36° C.—*Mich. Med. News.*

A New Faculty.

We stumbled upon the following in a recent number of a medical journal: Alfred L. Loomis, M. D., Professor of Pathology and Practice of Medicine; Samuel R. Percy, M. D., Professor of Materia Medica; F. LeRoy Satterlee, M. D., Ph. D., Professor of Chemistry, Materia Medica and Therapeutics; Jas. Atkin Meigs, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence; W. W. Dawson, M. D., Professor of Principles and Practice of Surgery; Alfred F. A. King, M. D., Professor of Obstetrics; D. T. Yandell, M. D., Professor of Science and Art of Surgery; L. P. Yandell, M. D., Professor of Clinical Medicine, Disease of Children, etc.; Robert Battey, M. D., Emeritus Professor of Obstetrics.

Curious to know what college these well known gentlemen had concentrated their talents upon, we perused the document to which their names were attached. It proved to be nothing of that sort. It was surely, then,

something pertaining to medical science. Again we were disappointed. It was an advertising dodge, that was all. It was a so-called "patent medicine" preparation, to aid the proprietor of which to sell, these medical luminaries had given their professional sanction. In a half dozen exchanges upon our table we find the same peculiar and striking arrangement of these great names. If such men be the lights of the profession, is it any wonder that darkness covers the land? Look, O, ye lesser men, and behold what these greater men can do, and yet assume to be your guides and teachers! It is barely possible these renowned gentlemen are not aware of the use being made of their potential names. They may not take the medical journals, or they may not see the advertisements. Both are possible, and neither probable. This is what it is to be great in a medical way. The ancient fathers were renowned for what they did for the advancement of medical science. These modern fathers have learned a cheaper, perhaps a more profitable way. To each of these names is attached the name of the institution to which these gentlemen respectively belong. We have not copied that part, but they represent eight different medical colleges. And these colleges are all "regular" and "orthodox," and nothing is not ethical. All this is *infra dig*, and for the sake of diseases and professional honor, and a plain sense of propriety, should be stopped. We can not recognize men who do these things. We, too, have sinned thus, but are wiser grown.—*Medical Advance*.

A Good Sort of Measles.

In a recent report, the Medical Officer of Health for the Hyde district adverts to a tradition, that is unfortunately too common amongst the poorer classes in the North, that it is essential that children should go through measles before adolescence. He says that on inspecting a house in which a case of measles had occurred, and finding the sanitary arrangements satisfactory, he learnt that the case was due to an old woman, who, having heard of what she called "a good sort of measles," in the neighborhood, took a child there in order that it might take the infection. Her expectations were so far realized, that the child caught the disease, which, however, nearly proved fatal to it. There can be no doubt that measles is largely spread in this way, and the question of its effectual prevention is, perhaps, more an educational than a sanitary one.—*British Medical Journal*.

FRENCH editors are not generally very squeamish, and French medical editors have to sacrifice what little delicacy remains in them in the interests of their profession. Hence occurs the following "case" in *Le Practicien*:—"A young and lovely lady in a railway carriage, with her old and sleepy husband, suffers from toothache. There is a traveling companion, a stranger, eager to make himself agreeable to the young and lovely one while the old man sleeps. He sympathizes with her sufferings, and at last gently insinuates that if he might place his warm lips to her face it might relieve the pain. "No, sir," says the husband, amiably arousing himself; "your remedy is useless for toothache, but it is excellent for piles, from which I suffer."

Paracentesis of the Anterior Chamber of the Eye,

Dr. MENGIN (*Recueil d'Ophthalmologie*, May, 1880) argues strongly for the above treatment in all chronic abscesses and ulcers of the cornea. He considers that it gives better results than any other method, and is moreover an excellent safeguard against perforation. In phlyctenular, vesicular, and pustular keratitis, when the affection has lasted more than four or five weeks, there should, in his opinion, be no hesitation about performing paracentesis. Should one operation not be sufficient, it may be repeated at frequent intervals. In ulcerative keratitis, where pain is felt along the course of the branches of the fifth pair, he considers the operation especially indicated, as also in abscesses with hypopion. In such cases it is sufficient to puncture the center of the affected part, without making a large section. Such a paracentesis is more especially called for in abscesses of traumatic origin, as soon as any haziness of the aqueous humor or any threatening of hypopion is noticed. As regards the objection that paracentesis may cause prolapse of the iris into the wound, the author considers it to have no force, more especially as eserine can always be used, if required, before the operation.

The Blood in Febrile States.

M. Hayem, who has added so much to our knowledge of various morbid states of the blood, has lately published some observations on the minute alterations in the mode of formation of the coagulum in various febrile states. When the blood is spread out in a thin layer under the microscope, the corpuscles are seen to assume a special arrangement. The irregular spaces which the rouleaux leave are larger and less numerous than under normal conditions. If, after coagulation, an attempt is made to separate the elements, it is found that the corpuscles are united by extremely fine filaments of fibrine, which cause them to assume very irregular shapes; they present also an abnormal viscosity when compressed by the surrounding fibrine. Other changes which the blood presents cannot be, with certainty, ascribed to the inflammatory process. Even when the pyrexia is high there is no alteration in the dimensions of the red corpuscles. The increase in the number of leucocytes affects equally all forms of pale corpuscles, their mutual proportion being about the same as in normal blood. Nor do these present any structural alterations; their amoeboid movements are the same as in health, except that they are somewhat interfered with by the filaments of fibrine which adhere to them. Many "hæmatoblasts" occupy the empty spaces, and like the red corpuscles, they become more viscous and adherent one to another, and hence quickly form masses, notably larger than those seen in normal blood. Very soon a reticulum appears, considerably denser than in other circumstances, the constituent filaments being thicker and closer than those of normal blood. During this formation, the hæmatoblasts have fused together into little blocks of waxy aspect, to which large numbers of fibrils are attached, giving them a characteristic appearance of balls of spines. The excess of fibrine in the blood gives rise to another appearance if the blood is diluted with the liquid used in the ordinary

numeration of the corpuscles: minute solid particles become visible to the naked eye in the mixture, an appearance never seen with normal blood. These particles are composed of hæmatoblasts, surrounded by a finely granular or fibrillar substance, to which many leucocytes and red corpuscles adhere. These changes in the blood may be found, although in a less marked degree, in cases of chronic, as well as in acute, inflammation. —*Lancet*, June 19, 1880.

EDITORIAL.

The Treatment of Phthisis Pulmonalis.

Can we cure phthisis? The majority will answer no; and some of us who believe that it is curable will answer no to the majority of cases. There are cases which are incurable even at the commencement, they are all incurable in an advanced stage, and but a fraction can be relieved when a tubercular deposit has commenced breaking down. The time to cure a consumption is at its commencement; the better time to cure it is before tubercles have been deposited.

There is a variable period of from two or three months to two or three years, in which an impairment of the health may be noticed, associated with irritation of the respiratory apparatus and a tendency to cough. In some cases the irritation seems to be principally of the throat, and there is some catarrh; in others the larynx suffers, in others it is a slight bronchitis, in a few it is pleuritic irritation or costal neuralgia, and in quite a number the cough seems certainly from gastric irritation.

These symptoms are all suspicious, and should cause a very careful examination and the adoption of a right treatment. The pulse is too frequent, the temperature rarely falls below 99°, and is sometimes 99½° or even 100°. The tongue is too red or too pale, and shows irritation or stony of stomach; in either case poor digestion. Active exertion causes rapid respiration or sense of oppression in the chest. The person can not do as much or endure as much, and sometimes the failures in this respect are very marked.

In our last issue I republished an article from Dr. Cutter on the *lean meat cure*, and I doubt not it has been read with interest, and will be put into practice in some cases with advantage. But then we have had the *cod liver oil cure*, and the *hypophosphites cure*, the *fat meat cure*, and many others. We would naturally conclude from all this, that there is not *one* cure, but that phthisis, like other diseases, requires a treatment adapted to each individual case.

I have been consulted in a number of cases this fall and have had more than the ordinary success from medicine, and possibly my experience will be of value. The cases have mostly been acute, and I have seen some of a similar character go to a fatal termination in six to ten weeks.

Mrs. B., a lady of some 45 years, has suffered from heart disease, and has been threatened with phthisis some years ago—had some tubercular deposit; was attacked in July with a severe cough which gradually grew

worse and in the latter part of August she was confined to her room and had a physician in daily attendance. There was some hemorrhage, frequent pulse, severe cough, cheesy expectoration with mucus, temperature 100° to 102°, slight hectic fever followed by sweating. I was called Sept. 15th. Found pulse 100, temperature 102°, tongue coated, no appetite, skin harsh and inactive in the afternoon and evening, profuse sweating of the feet and limbs during the night, bad odor from the body. The cough was very bad, small blowing sounds in apex of left lung, mucous rattling in the middle or lower part of the same.

The indications were, small, frequent pulse—aconite; burning pain in chest, sharp pain in forehead and left eye—rhus; harsh explosive cough, uncontrollable—lycopus. They were administered as follows—R Tinct. of aconite, gtt. v.; ti ct. rhus, gtt. x.; water ℥iv. A teaspoonful every hour at first, then every two hours. R Tinct. lycopus gtt. j., every three hours. Externally a thorough washing with soap and water, to be repeated as necessary to absolute cleanliness. Once a day a thorough inunction with—R Quinia sul. ℥j., lard ℥ij., oil cinnamon gtt. x.

The improvement was marked in forty-eight hours, the pulse less frequent, the temperature came down, the sweating ceased, the troublesome pain in the head disappeared, the cough less frequent with easier expectoration; the patient had rest, and the appetite returned. In a week the patient was quite comfortable, in two weeks was out of doors taking exercise, and in four weeks she felt assured that with ordinary good luck she was fairly on her feet again.

Mr. L., a man of about 40 years, came to me from the head waters of the Big Sandy, with marked symptoms of tuberculosis, which had been developing for some nine-months. Latterly they had been very acute, like those in the preceding case, and it was only by a strong exertion of the will that he reached our city. There were the same indications for remedies (strong), and they were given with most satisfactory results, and I think with care the patient will make a good recovery.

Three other cases might be described, very similar in character, but there is no need to mention more here. The five are good cases, in that the persons had been stout, even tough, and had strong wills. The disease was acute, and the indications for remedies sharply defined. It may be urged that they were not cases of phthisis, but pneumonias, or forms of bronchitis. It is possible to make such mistakes in diagnosis, but I think I am right in these.

I have one patient doing remarkably well on arsenic and bryonia, with extract of malt and malt infusion. Another of two years' standing, enjoys fair health on graphites and arsenic repeated occasionally; and some half dozen or more that I hear from have recovered fair health on the hypophosphite of lime and good hygiene. But I have seen many more which have gone steadily on towards that unknown land, without even mitigation from medicine. These people were born to die of phthisis, or something else of a similar character, in early life. When they are attacked with phthisis nothing will save them.

Etc., &c.

Do we profess to know all that is to be known about medicine? Not by any means; indeed we are always ready to confess that what we don't know is probably of more importance than what we do know. When a writer has made his statement, he frequently finishes the sentence or the paragraph with an &c. or etc. Write me a book containing all that these common abbreviations cover, and I will welcome it more than any work that has ever been written.

Some people are so foolish as to believe that because one is in earnest in teaching what he believes to be truth, he desires to force people to swallow his doctrines without examination. They even go further, and would fain make people believe that he thinks he has the sum of all knowledge, and that beyond him there is nothing more to be learned.

Will my readers bear me out in saying that I have been rather modest in these respects for an earnest man? Have I not always said, "think of it, test it thoroughly, and if you find it good appropriate it." "If you are practicing medicine, hold on to the old plan which you have found good, until you have proven the new better."

Steadily working in the one direction—"small doses of pleasant medicines, for their direct effect"—for over twenty years, the changes in the practice of medicine have been so great that no one could realize them except he has kept pace with them, and can recall the means of 1860. The doctrines and remedies have been steadily appropriated by outsiders, and continually absorbed by physicians of our own school. Every week they come back credited to those who only borrowed them, or to those who have stolen them outright.

What we want to know, however, is, that this practice is gradually but surely making its way, and that there are now many workers in this field. As time passes we will know more and more of disease expression in its relation to the curative action of remedies, and "specific medication" will become more and more successful. That which we know we will be able to use to better advantage, and this &c. and etc. we will unravel and fit to the cure of phases of disease that we can not now reach.

•• The Parents have Eaten Sour Grapes,

And the children's teeth are set on edge." A very quaint expression of a law of nature, and one that people would do well to heed. It is also a very good study for the physician, and a recognition of it as a physiological law will be of great advantage in the practice of medicine. We have just been studying a fair example of it in phthisis—"the parents have violated nature's laws, and the children die of consumption." It is quite as true of scrofula, of syphilis, of cancer, of dyspepsia, of epilepsy, of diseases of the urinary and reproductive organs, and of diseases of the nervous system. The feeble father is likely to beget feeble children, the feeble mother bears feeble children, and the feebleness is of the same character as that of the parents. Of course there are exceptions, or seeming exceptions, to the law. Children are born of feeble parents, and grow into stout men and women. But in such cases the conditions of life

have been good, and as they have rebuilt the body from four months to four months, it has been built better and stronger, until it is at last able to resist and throw off causes of disease.

There are some persons so feeble that they should not beget or bear children, it is a crime. The consumptive should live a life of single blessedness, and the syphilitic a life of single cursedness. If a person coming of stock that have eaten sour grapes must marry rather than burn, let them take some specimen that is blest with exuberant health, and of sound stock—nature may be forgiving in such cases.

But we are especially interested in "the children whose teeth are set on edge," for we are called to attend them in sickness and to give advice to keep them in health. We understand that right living with the conditions of healthy life, will grow a strong body from a quite feeble beginning, and will free it from inherited ailments. Our bodies are being continually rebuilt, and they may be built better and better each successive renewal, as they may be built worse and worse.

Light, air, exercise, food, is the quaternary that needs be looked after with care, for without them it is impossible to grow a good body. We prefix the word *good*—we want good light, good air, right exercise, good food. We see that the child has it, and that it is kept free from causes of disease, and occasionally, with appropriate remedies, we re-establish impaired function or add that which may aid the process of nutrition.

This knowledge of "sour grapes" and "teeth on edge," will cause us to look out for such unpleasant diseases as phthisis, and "nip the coming trouble in the bud." Whilst "an ounce of prevention is worth a pound of cure," the pound of cure does the best service in the early stage of disease.

If our theologian, our moralist, our reformer, our law maker, would chew the old maxim "the parents have eaten sour grapes and the children's teeth are set on edge," they would work to better advantage. The father has eaten sour grapes, but has repented before death, and is singing hallelujahs with the angels, but the children, poor souls, have had their teeth set on edge for this life, and in consequence will toast world without end. (?)

Hot Water as a Remedy.

We called attention last winter to the use of hot water as a remedy, and hope that our readers may have noticed the article and put it in practice. The ordinary use of hot water as a local application in inflammation is well known, and yet I doubt if many physicians can tell when the application should be hot, and when it should be cold. There is a very great difference between the two, and certainly we should have some safe guide in this matter. What say you?

We put it in this way—heat is a stimulant and causes contraction of vessels, cold is a sedative and causes relaxation of the vessels. But there is a great deal of difference between the application of heat, and the application of hot water which is kept on until it becomes cold and until it soaks the life out of the part. When we speak of a hot application it is to be kept hot, and covered so as to prevent the evaporation of the heat.

Cold is also stimulating in its secondary action, though to obtain this some care is necessary. Thus in cholera, congestive chill, and other cases where there is great nervous prostration, we use the ice bag or cake of ice, and apply it over the spinal cord for two minutes, five minutes, ten minutes, moving it from place to place until reaction comes on.

Hot water is an admirable remedy in some cases of irritable stomach, the irritability being associated with want of digestive power. The patients are excessively nervous, sleepless, hysterical, hypochondriacal, and bitter tonics and the ordinary nervines are not only of no benefit, but frequently do harm. I have seen an ounce or two of *hot* milk retained and digested when the patient had not been able to take a teaspoonful of ordinary food for days without discomfort. In some of these cases one, two or three ounces of *hot* water before breakfast, gives a fair start for the day, as the same will give a fair night's rest, if taken on going to bed. I have had good results in similar cases from a tablespoonful of hot water every two or three hours, as we would administer medicine. We not only administer hot water as a remedy for the stomach, but we have the abdomen and lower part of the chest sponged with hot water, once or twice a day with advantage.

The use of hot water as a gargle (as hot as is comfortable), and sponging the neck and shoulders with hot water, is sometimes an excellent means in chronic pharyngitis, laryngitis and catarrh. The indication is irritability with atony.

I employ hot water as a vaginal injection and as a hand-bath to the genitalia and abdomen in cases of leucorrhœa, relaxation of the parts and displacement of the uterus. I like its action very much, and think it will fill a place not filled by other remedies.

I have used it to check hemorrhage for many years, but not in uterine hemorrhage. But the reader will have noticed the very strong recommendations of hot water in uterine hemorrhage which we have published during the past three or four months. I recall a case in which a hand torn into rags by a cracker machine, almost bled the boy to death under the application of cold, and hemorrhage stopped in fifteen minutes with the application of hot water.

Pharmacy Simplified.

I do not know what will become of advertising druggists, especially those who are showing *new* articles, fancy pharmacals, or compound nostrums, and I hardly know what will become of the advertising journals who find this their principal support. Their days are numbered (say ten years at furthest), the coffin ordered (brumagem silver trimmings and door plate), and their funeral sermon written.

It would be better that, like Crocket's 'coon, they would come down without the shooting, but then they have not the honesty of Crocket's 'coon.

The time is coming when the large majority of remedies (vegetable substances) will be prepared as simple tinctures, \mathfrak{z} vij of crude material to the pint. The process will be that of percolation (occasionally pressure),

using alcohol of right strength for the extraction of the medicinal principles. The process is so simple "that the wayfaring druggist or doctor, though a fool, need not go astray." And the results will be so definite, and the remedies so perfect, that the coming physician will wonder what manner of men his predecessors were to be satisfied with such crude and worthless medicines.

In those days physicians will find that they can do their own prescribing, and will give the druggists, who take such delight in getting up "compounds" and "preparations" a back seat. Why should we allow a man without medical education to prescribe for us? If any one can answer the conundrum I will be obliged.

I am free to say that I cannot see the difference between the nostrums advertised in medical journals, and certified to by prominent physicians and professors, and the nostrums advertised in religious journals and certified to by preachers of the gospel. I may be very dull in this matter, probably I am, and if any one can solve the question satisfactorily, we will be obliged.

The Epizootic.

This epidemic disease has made its cycle in a little less than eight years, and illustrates the doctrine of "epidemic cycles," that we have taught. It is a disease of the horse, but men are influenced by the same epidemic cause, and will probably have sore throat, epidemic tonsillitis and catarrh, as they had eight years ago.

We treat a horse as we would a man, diagnose his disease in the same way, follow the same indications, and give the same remedies. It is the small dose of pleasant medicine for direct effect. You would have laughed to see the old darkey roll up his eyes, when I told him to give his horse a teaspoonful of medicine every hour—"How'll I gib um a spoonful?" Easy enough, put it in his mouth and he will swallow it. The old horse, the darky's only hope for the winter, had lung fever, and I furnished him aconite and bryonia to cure it—and it did cure it as it would a human.

But with reference to the epizootic, I will give what I wrote in 1872 and 1873, as it may come in good time for the present epidemic.

"We have it, and have it bad. That is—the genus *Equinus* is sick in its totality, as probably not a single horse in our city is well to-day. But the disease is quite mild in most cases, and only becomes dangerous to life where the horse doctor is called to its aid, or where the animals are over-worked or exposed.

"The disease is the old-fashioned *cyanche maligna*, involving the fauces, tonsils, and posterior nasal cavities. So far as I have seen there is no pathological lesion, not seen in this disease in man. The cause is epidemic, and thus far unknown.

"If the tongue is examined it will be found to present a similar appearance to that of man in the same disease, and indicates the use of Antiseptics. With my horses Sulphurous Acid seems to have done good, and they take it eagerly. In the treatment I would recommend the avoidance of all medicines but these.

"I have seen a half dozen cases of the same disease in man, two of them being very severe. For them I have used Aconite for the fever, and Sulphurous Acid as an antiseptic and for the local disease. In some cases this should be followed by Quinine and restorative medication.

"There are two parts to the disease—an asthenic fever, and its localization in the throat, fauces, and superior nasal cavities. Post-mortem examinations show lesions of these parts, similar to those observed in malignant sore throat of man. The mucous membrane is thickened, the epithelium is detached and the surface secretes pus profusely, and there is extensive ulceration in some of the worst cases.

"The sequelæ are many, and occur as well when horses have been kept in the stable and carefully nursed, as when they have had moderate use. They may be classed in two principal lesions—of the nervous system and of the blood.

"The first usually shows itself in muscular tremor and a want of power to co-ordinate the action of the muscles. The horse can stand still well enough, but if he is exercised but very little it causes great exhaustion, and sometimes speedy death. The muscular tremor is not a chill in the ordinary sense.

"The second probably commences with an impairment of the urinary function—albuminuria (?)—which soon produces dropsy. In many cases this shows itself in the hind-legs first and extends to the trunk; in others it is an ascites, a hydrothorax, or a hydro-pericardium; in two cases it was undoubtedly an effusion into the cavities of the brain and spinal canal.

"The lesion of the nervous system may be successfully treated with Nux Vomica and Macrotys; at least I conclude so from three cases that I have prescribed for.

"For the dropsy, where there was great debility I have prescribed—℞ Tinct. Nux Vomica, ℥j.; Tinct. Apocynum, ℥iij.; a teaspoonful every three hours: the same prescription I would make in asthenic or passive dropsy in man. In seven cases thus far reported, there were three deaths and four recoveries. In all these cases the horses had been given up to die. In three other cases where the treatment was adopted when the dropsy first made its appearance, all recovered.

"In two cases that died, the horses lived four or five days, and the swelling had quite passed away, and they seemed to be getting well, but died suddenly. In five cases just reported from the Street Railroad stables, but one has died, (it is now eight days since first prescription,) though the Superintendent thinks that another one will not recover. These cases were all of the severest type, and he remarks that all similar cases that he has seen have died.

"I am satisfied that the cause of the horse-disease—whatever it may be, has influenced man as well—though possibly there has not been a very large number of cases. In these there was a chill followed by asthenic fever, with a low grade of inflammation of the fauces, tonsils, pharynx and posterior nasal cavities. The mucous membrane was tumid and softened, with profuse secretion after the second or third day. The tongue was broad and dirty, and the breath fetid. In the larger number of cases, it amounted only to an unpleasant sore throat."

"I would rather Trust an Educated Homœopath or Eclectic than an Uneducated Regular."

So said Prof. Reamy of the Ohio Medical College in a recent address, and we think he was about right in the matter, and reply, that we would rather trust an educated regular (modern) than an uneducated Eclectic or Homœopath. We insist, however, that the education shall be "modern," or else we would rather have the uneducated homœopath or eclectic.

The time is coming when the narrow prejudices of the schools will be done away, at least to the extent that the one will be able to recognize the good in the other—especially the good work that the other has done. I have a sincere respect for my old school neighbor who is following the light which he deems best and is free from bigotry. I have the same respect for my Homœopathic neighbor who, believing in *similia similibus*, concedes to others the right to follow their convictions. But I do not like the medical bigot whether he be regular, homœopathic or eclectic.

We are all looking for a rational practice of medicine—at least we should be looking for it. If I can get any light from my neighbor, I want it. If I can furnish oil for his lamp, he is welcome to it.

I never quarrel with neighboring physicians, do not talk about them unpleasantly, and treat them kindly. If they want a fuss, let them make it and then reap the fruits. There is no virtue in all this, at least I claim none, as it is a matter of good policy. The result is, that though no one has made a more vigorous fight against what I deem their errors than I have, I have the respect of those whose respect is worth having.

I think our physicians make a great mistake in talking too much, and running a tilt against their competitors. Ill words, like evil birds, frequently come home to roost. A man can keep himself in hot water all the time if he chooses to talk about others, or he can pursue such a course as will give him peace and comfort.

Gelseminum.

We are having a group of cases which are materially benefited by gelseminum, and some of them are cured by this remedy alone. The indication is dull pain and soreness of the tissues in the back part of the head and neck, pain on turning the head, dizziness, sometimes pain and soreness of scalp in other portions of head. The indications are very clear, and I think will be met with by many of our readers. The disease being febrile, the remedy is combined with aconite as—R Tinct. Gelseminum gtt. xv., tinct. Aconite gtt. v., water ℥iv.; a teaspoonful every hour. I do not think the cases would bear the old fashioned dose of the remedy, but this I have not tried.

Old Cases, Old Remedies.

Cases treated years ago come to notice every once in a while, and might be reported with advantage. Four of these which have been reported this month I will notice. Some ten years since I was sent for to see the daughter of a physician; she had been suffering from confirmed epilepsy, and remedies thus far had proved a failure, and her mind was being im-

paired and likely to be lost. I prescribed bromide of ammonia \mathfrak{zss} , tinct. belladonna gtt. x., water \mathfrak{Ziv} .; a teaspoonful every four hours. I believe she had but one convulsion afterward, and the cure has been radical.

A case was shown me at the last meeting of the Ohio State Association, where the external and internal cervical lymphatics were diseased, with deposit throughout the cellular tissues of the neck. There had been suppuration and in the formation of the abscess the walls of the larynx had given way, and there was now laryngeal fistula. It was a very bad case, one of the worst I have ever seen, and the prognosis was unfavorable. But as a treatment was insisted upon, I advised the use of an infusion of equal parts of alnus, scrophularia, quercus rubra, both as a local application and an internal remedy. The case is reported by Dr. Downs as cured.

A young lady came to me some fifteen years ago with what was diagnosed epithelial cancer. The disease was situated on the thigh just below Poupart's ligament, and measured four and a half inches in its largest diameter. It had been treated, but the more it was treated the faster it grew. I made an application of a saturated solution of iodine in strong alcohol, painting the part daily for some three weeks. The result was an entire arrest of the growth, which seemed to exfoliate in dry black scales, leaving a white cicatrix. The skin is sound to-day, and the cicatrix clean and white as it was when the treatment was completed.

The fourth case was one of tuberculosis, with the formation of a large cavity in the left lung, some fifteen years ago. There was no mistake in the diagnosis, as there is no mistake that the patient is alive to-day. The treatment was compound syrup of the hypophosphites acidulated with hypophosphoric acid, and quinine inunction to the chest. That was the medicinal treatment, but the most important part was—continuously out of doors.

Consultations.

Our *regular* neighbors throughout the country think they have the advantage of us because their code of ethics forbids consultations with irregulars. Once in a while it does grind the isolated eclectic, when friends of the patient ask a consultation, and the neighboring doctors refuse. It is a little rough, but then we console ourselves with the Scripture—"That all things work together for good to those who love the Lord;" and we reflect that those love the Lord best who follow the Golden Rule—"Do unto others as you would have them do unto you."

This "irregularity" breeds a feeling of independence, and prompts to study so that we may be able to stand alone. We do not want consultations, and cannot see that any benefit can be derived from the ordinary regular who runs in a regular rut. If we have confidence in our ability to deal with disease, people will have confidence in us. If we show a lack of confidence another physician had better take the case, if it is a dangerous one.

I have very few consultations in my practice and none if I can avoid it. I think the physician who has studied the case from the beginning will know best how to manage it. Knowing the prejudices of my *regular*

neighbors I say at once and emphatically that I will not consult with them, though in all other things we are on pleasant terms.

Some two years since I met a prominent physician of this city at the bedside of a very dangerous case, when the conversation took this turn—"Dr. Scudder," says he, "you know that we cannot consult together, and you know why, but at any rate a consultation would do no good, the patient will die; which one of us the friends prefer, shall stay with the patient, and see it out." A very fair proposition, which was carried out.

Alstonia Constricta.

I have used this remedy in a number of cases this fall with most excellent results. Two cases of very perverse ague (chronic) have been cured by it, and three or four cases of the simple disease have had the paroxysms broken as if by quinine. It has acted more kindly in typho-malarial fever than has quinine, and been of more permanent benefit. Indeed, quinine has not acted well in these cases, even though the periodicity was well marked.

The "indications," it seems to me, are, a dirty tongue, with bad breath, and dirty or tawny color of skin. Of course, periodicity is the principal indication, but the symptoms named would cause us to select alstonia in preference to quinine.

In summing up the reports with regard to the remedy, we find that there have been failures and successes. Some have failed in every case, and some seem to have had a wonderful success. It is not equal to quinine or cinchonidia, but I am pretty sure that it stands next to these alkaloids in antiperiodic power.

A Case for Prescription.

NOKOMIS, ILLS., Sept. 29, 1880.

PROF. SCUDEER—*Sir*: I wish to consult you with regard to a case I have on hand. *Symptoms*: Has two chills on succeeding evenings, then misses one. Tongue coated dirty white, with large purple spots on base; spleen enlarged some, but not as bad as has been; has cold, clammy surface most of the time; bowels rather loose; skin of a tawny color; complains of pain in back of head when he has fever; age of patient, five years past—a case of four years' standing, but lately came into my hands, and I have failed so far. Now if you can give us your plan of treatment either by letter or through your valuable journal, you will oblige a reader.

W. W. DUNCAN.

In reading the description of the case we would remark first the *dirty-white* coat on tongue, and would say sulphite of soda. But looking beyond this, if it has been tried, is the *cold clammy surface*, which must be rectified if the patient gets well, and for this would say, R Quinia sul. 3j., hydrochlorate of ammonia 3ss., lard 3ij., used as an inunction, thoroughly, once or twice a day. And still beyond this is the enlarged spleen, which asks for uvedalia ointment thoroughly toasted in over the organ once a day.

Now comes the antiperiodic, though probably with the treatment suggested it will not be necessary. Quinine has been given, I have no doubt, in large and small doses. If now we give anything it will be alstonia, to

the amount of three grains daily. If I were treating the case, I think I should experiment with the alstonia, and give it alone first, to see if it would not cure, for the letter gives the reported indications for the remedy.

Ohio Circulating Library.

Members of the Ohio State Eclectic Medical Society, are now receiving Foreign Medical Journals, with regularity. The system of circulation is working well, but to avoid losses and annoyances, every member changing location, should inform the Librarian promptly, also the member having the preceding number on the list.

As far as can be ascertained the Circulating Library is a success. If any member has not received a journal, there is an unknown hitch somewhere, and the Librarian should be informed of it at once.

Members violate Post Office regulations if they write on any of the publications.

Postage should be paid in full, and addresses plainly written, to save parcels from going to the dead letter office.

If a member be too busy to read a periodical when received, he should be thoughtful enough to remail the package to *the next* at once, in order that the utmost benefit may be derived from the enterprise.

If any member of the State Society regard the postage as irksome, let him remember that the periodical literature—the best in the world—costs him nothing. The expense of subscriptions comes out of the treasury which is fortunately plethoric, and in hands incurably honest.

Reputable physicians in Ohio who are not members of the State Society, can participate in the benefits of the Circulating Library by sending address and three dollars to Dr. James Anton (Treasurer), Lebanon, O.

Members in arrears as to annual dues, will be struck from the Library association as fast as the Treasurer reports their names. H.

A New Phase of Disease.

DR. J. M. SCUDDER—*Dear Sir*: We are having some cases of typhoid fever here, about which there seems to be a peculiarity of treatment required that I do not remember to have seen or read of. In distinction from ordinary symptoms there is an entire absence of pain, though the case may be otherwise well marked. The nervous symptoms are distinct and peculiar. There is a constant tendency to stupor, though the patient may and generally is easily aroused, appearing somewhat lost at first, but soon regains full consciousness of his surroundings. As soon as left to himself he again falls into this apparently sleeping condition. The eyes are closed, and whatever position the body may be in, it is rarely moved.

In the first two cases I had I used belladonna for the apparent cerebral disturbance, but without the least perceptible effect, certainly none for the better. This led me to think that the difficulty might be something else than the head, and I concluded the sympathetic nerve and ganglia were deeply involved, and that nux was the remedy. I added ten drops to the other articles indicated in the case, and the result was a change

for the better in a few hours. This has led me to use nux since in all cases where there is the least tendency to coma, and always with good results, so far this season. Ipecac does not control the diarrhoea, rather aggravates it. In place of this I use a strong infusion of golden seal and bayberry, equal parts, in doses of from one teaspoonful to two or three tablespoonfuls, according to age and surrounding circumstances. Have lost none as yet, while others are losing cases quite frequently. Although we have had a usual season, so far as change in temperature is concerned, as something unusual lung fever of typhoid type has cropped out occasionally through the season.

S. F. DEANE.

Upper Osage Eclectic Medical Society.

This Society held their regular meeting at Schell City, Mo., July 7th. The next meeting is appointed for the first Wednesday in December. Dr. J. B. Phipps is president, and Dr. T. W. Miles secretary.

Eclectic Medical Institute.

The class is the largest we have had for many years, of excellent material, and doing good work. We expect large accessions after the elections, as students can make up lost time in the Spring session.

Let it be borne in mind that students are admitted at any time, and can make their session of twenty weeks, or twenty-six weeks if they choose, as the lectures continue without interruption until June 1st. The Annual Commencement and graduation is held on the first Tuesday of June.

The Journal.

There are still a few who are indebted for 1880; if they will forward the lucre, we will be much obliged. It is possible that once in a while there may be an error in our Journal accounts, though they are very carefully kept. If we are notified we will make them right.

The new year will open well with us, and we intend to make it an active one. Physicians who want a live journal will be able to find it in this, and we solicit the subscriptions of live men—"let the dead bury their dead."

A Question for Dr. Jones.

We have received the following communication for our old friend, but we are at a loss how to forward it:—

"PROF. L. E. JONES—*Dear Sir*: I am making some investigations upon the views advanced concerning the mode of conception. I desire you to make a statement of your case of pregnancy with partial adhesion of the vagina, that you described to the class of 1869.

"Dr. Z. T. HOUSMAN, Wood Co., O."

I do not recall Dr. Jones' case, but I remember one in my own practice in which the woman at full term had a perfect hymen, with an opening not larger than an ordinary goose quill. It required an extra amount of force and considerable time to pass the finger through the opening in

order to make an examination, and the hymen was ruptured as the head came down. In this case the husband had been satisfied with the vulva for some eighteen months of married life. Possibly my case will serve instead of Dr. Jones'.

BOOK NOTICES.

A TREATISE ON THE MEDICAL AND SURGICAL DISEASES OF WOMEN, with their Homœopathic Treatment. BA MORTON MONROE EATON, M. D. New York, Bœricke & Tafel; Cincinnati, the Author.

We have many works on "diseases of women" now—more, probably, than on any other department of medicine—and we should now expect to find something new and original when a new volume is presented. Even the Homœopathic school has several volumes on this subject, and the relation of drugs to the reproductive organs of the female is found in all "drug provings." But then to ask that a book shall have something original in it, is asking a great deal.

One of the first things that struck my attention was that the author is a low dilutionist, rarely prescribing any thing higher than 3d, and sometimes coming down to the substantial medicament, as tinct. ergot in doses of twenty drops. But we do not grumble at this, for that dose is best which will cure the patient, whether it be a trituration or a tincture.

In some cases I would agree with him in the indications for remedies, but in many others our indications are different. In some diseases I should differ with him in treatment, as in menorrhagia, page 43, where he recommends *cold* compresses, and *cool water* as a vaginal injection. Cold increases the tendency to hemorrhage, and "cool water" is the very worst thing one could use in menorrhagia. Use *hot* water to the abdomen, and *hot* vaginal injections by all means.

The author remarks with reference to dysmenorrhœa, that "Whoever achieves success in the treatment of this difficulty, may feel that he is equal to the task of treating almost any of the diseases of women, for to be successful the physician must show powers of careful discrimination in diagnosis, decision of character and will, in proceeding to do that for the case which it seems to demand." I do not know that decision of character and will is necessary, but surely an accurate knowledge of the indications for remedies is essential. But I do not think our author has given these in that definite form which will guide the reader. The use of Pulsatilla, Cactus, Macrotys, Caulophyllum, Viburnum (two species), Apocynum, Nux, Ignatia, and some few others, has given a degree of success that would hardly have been dreamed of twenty-five years ago.

Turning through the book we notice a good many good things that practitioners would do well to study. Reading the chapter on prolapsus and other displacements, we find that our author has gotten well out of the old ruts, and discards pessaries. A well adjusted abdominal bandage with perineal support, is just the thing, and associated with the right internal remedies, and with the "movement cure," or electricity, it will cure our patients.

OFFICIAL REGISTER OF THE PHYSICIANS AND MIDWIVES TO WHOM CERTIFICATES HAVE BEEN ISSUED BY THE ILLINOIS STATE BOARD OF HEALTH.

We are in receipt of this register NOT from the "State Board of Health," but from Dr. W. H. Davis, of Springfield. One would suppose that the college which has furnished the third largest number of graduates in the state, would be entitled to the courtesy of a copy, especially as the volumes are paid for by the tax payers. And then we have an Eclectic (?) on the Board, but probably his recollections of the past are not pleasant, and he is not inclined to favor those who rubbed his hair the wrong way. Good gentlemen, a fig for your small manifestation of spite.

JOURNAL OF THE CINCINNATI SOCIETY OF NATURAL HISTORY. Quarterly, \$2 per volume.

To the student of natural history these volumes will prove of much value, for we have a goodly number of active workers in our society. The volume for the year will be over 300 pages, fully illustrated. Subscriptions may be sent to Prof. Howe or to the publishing committee.

JOURNAL OF THE ILLINOIS STATE ECLECTIC MEDICAL SOCIETY, Twelfth Annual Meeting.

The journal this year is not very large, but it has some good material in it, and we know that they had a very pleasant meeting. I have a kindly feeling for the Illinois Society for I helped in its first organization, and as our secret society people would say, "was one of its charter members." The Society did itself the credit of passing a resolution condemning the State Board of Health as follows:

WHEREAS, The State Board of Health, has attempted to exclude graduates of the Eclectic Medical Institute of Cincinnati, Ohio, from practicing medicine in this state because said Institute held two graduating sessions yearly, the said Board claiming a great desire to raise the standard of practice by requiring all colleges to hold but one graduating session yearly, yet recognizing the Diplomas of the Field College of St. Louis, a fraudulent institution, so proven in the court, the City of St. Louis refusing to grant license to their graduates, and

WHEREAS, Dr. Field being expelled from the State and National Eclectic Medical Societies for fraudulently selling Diplomas, therefore,

Resolved, That we condemn the action of the State Board of Health as partisan, inconsistent, and persecuting the parent school of the Eclectic practice of medicine.

MEDICAL HINTS on the Management of the Singing Voice. By LENNOX BROWNE, F. R. C. S. Eighth edition, revised. New York: Wood & Holbrook. Price 50 cents.

If any one is interested in singing, and the care of the apparatus of voice, he could not do better than study this little work. The subject is plainly treated so that any one can read it with advantage.

REPORT OF THE BUREAU OF ORGANIZATION, AMERICAN INSTITUTE OF HOMŒOPATHY. Boston, Alfred Mudge & Son.

THE WESTERN FARMER IN AMERICA. By AUGUSTUS MANGREDIEU, New York: Cassell, Petter & Galpin.

ON THE INTERNAL USE OF WATER FOR THE SICK, AND ON THIRST. A clinical lecture at the Pennsylvania hospital. By J. FORSYTH MEIGS, M. D. Philadelphia, Lindsey & Blakiston.

I can recall the time when the doctors had the hydrophobia and patients suffered the tortures of the damned for want of water. A great change has come over the spirit of their dream, and they now confess that "drinking water neither makes a man sick, nor in debt, nor his wife a widow."

AMERICAN HEALTH PRIMERS No. 10, The Skin in Health and Disease, by L. DUNCAN BULKLEY, M. D. No. 11, School and Industrial Hygiene, by D. F. LINCOLN, M. D. Philadelphia, Presley Blakiston; Cincinnati, Robert Clarke & Co. Price 50 cents.

This series, which we have noticed before, will form a valuable library for those who wish to learn how to preserve their health. It is giving life to the old maxim, "An ounce of prevention is worth a pound of cure."

Civil and Medical Liberty in the Healing Art. By Albert E. Giles, of Hyde Park. Boston: Colby & Rich. 34 pages.

The Perihilia Crisis. By Richard Mansill, Rock Island, Ill. 42 pages. A prophecy is good until time disproves it.

Married :

At Louisville, Ills., on Wednesday, Oct. 13, 1880, by Rev. Asa Snell, W. H. RILEY, M. D., of Iuka, Ills., and Miss MAMIE E. HOFSTEATER, of Flora, Ills.

At the residence of the bride's parents, Sept. 30, Dr. O. R. WILLIAMS, of Harrison, O., and ANNIE O'CONNOR, of Shelbyville, Ind.

NOW IS THE TIME TO SUBSCRIBE for the large Anatomical Atlas, by J. A. JEANCON, M. D., Professor of Physiology in the Eclectic Medical Institute, Cincinnati, Ohio. Complete in 45 parts, with explanatory text: parts 1 to 20 inclusive are now ready for delivery and will be sent by mail on receipt of price, 75 cents per part. Address all orders to Dr. T. C. HANNAH, 228 Court St. Cincinnati, O.

Receipts for Journal to Oct. 23.

J P Harry \$1, W M Lewis 2, J Hoover 2, J F Neely 2, A D Thomas 2, J P Devore 2, E E Genglebach 1, W C Lewis 2, A C Stephenson 2, A S Campbell 2, O A Hall 2, H W Marsh 2, B Thompson 2, J H Mitchell 2, N L Van Sandt 3, S J Quinby 2, D E Beltz 2, H L Mallory 2, J I Kirby 2.50, E A Converse 1, J H Van Kirk 2, C L Howell 2, T J Colliver 4, N D Ross 2, A R Warren 2, H Warren 80cts, R Williams 2, U S Wright 2, J Wise 2, G W Hyde 4, S Morse 2, F Morrison 1, W M Milton 2, J M Welsch 2, J H Murphy 2, E M Conklin 1, C Pierce 2, J W Sage 3, A D Tilden 2, J C Watt 2, J Sharp 2, W Gillespie 4, A C Davidson 2, W H Outland 2, W Cooper 2, H Tesmer 2, E C Rice 2, C E Pierce 1, A J Sierenc 2, B F Gelhertt 2, W H C Stone 2, J T Kimshy 2, Robert Vaughan 2, J Tempest 2, A P Robertson 2, L D Coy 2, A W Potter 2, W Hendricks 2, W H Battan 2, W C Gardiner 2, J M Leedom 2, W H Duvall 2, Thomas L. Blakley 2, J Hoover 2, J C Michener 2, M R Hunter 2.50, A D Muchmore 2, G Ingles 4, J M Lusher 2, Geo Jennings 2, A G Miller 2, J L Lehman 2, L E Wickens 2, W H Riley 1, F H Fisk 2, W W Washburn 2, A Prichard 4, H C Watkins 2, J W Davis 2, B B John 2, C A Culver 2, O S Gregory 2, W G Elder 2, W S Flower 2, O R Williams 2, S P Boyles 2, F Feltz 2, B F Mott 3, E Penton 2, R B Morton 2, W H Hobson 75cts, W N Mundy 2, J E McFarland 2, W L Moon 2.

OMRO, WIS., OCT. 1, 1880.

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Yours Truly,

J. HOOVER, M. D.

We have taken the liberty of publishing the above extract from a letter received in the regular course of business. It is a correct representation of a feeling which has its growth in the desire of physicians to obtain the *best* preparations for the least money, without regard to the name by which they are sold.

Again we say to physicians, as we have done in a previous number of this Journal, if you desire *reliable medicines*, make a trial of the Green Label Preparations of Wm. S. Merrell & Co.;—if you desire *pleasant medicines, easily administered*, use Wm. S. Merrell & Co.'s Green Label Preparations;—if you have been disappointed in the thick, black, nauseous extracts of the market, try the pure, concentrated, reliable Fluid Extracts of

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[See next page.]

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Dr. J. J. Lawrence, of St. Louis, in "*The Medical Brief*," says:

"The editor of this journal has largely prescribed the *Fluid Hydrastis*, prepared by Wm. S. Merrell & Co., of Cincinnati; and can commend it to the Profession as a very valuable preparation in hepatic dyspepsia and all affections of the mucous surfaces. It is deprived of the resinoid principle; and can be used where the ordinary preparations of Hydrastis would be wholly inadmissible."

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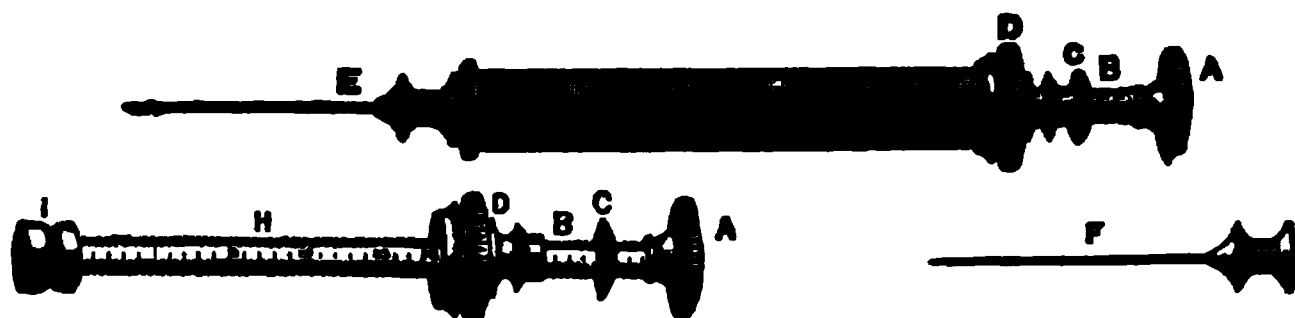
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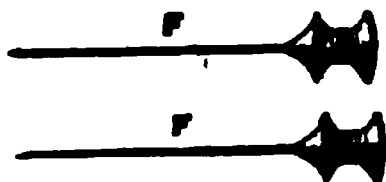


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Yours truly,

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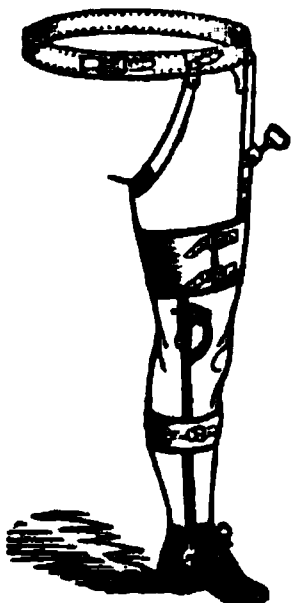
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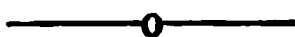
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T H F.

ECLECTIC MEDICAL JOURNAL.

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DECEMBER, 1880.

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ORIGINAL COMMUNICATIONS.

Art. CXVII,—Onosmodium Virginiana. By D. H. DUNGAN,
M. D., Little Rock, Ark.

The use of this plant for medicinal purposes is not new: King gives a description of it in his Dispensatory (10th edition, p. 584), and says the seeds and roots are the parts employed as medicines. In a paragraph on its properties and uses he says: "Diuretic and tonic—said to dissolve calculi. A strong infusion of the root and seeds taken in doses of four fluid ounces every two hours for about a day, or until it purges, is highly extolled as a cure for calculous affections. It occasions excessive urination, hence care should be taken," etc. He does not say by whom it is extolled. I remember to have read in some other work that the Indians held it to be infallible for the cure of stone. Their method of using it was to make a strong decoction of the root and leaf, and to drink largely of this, while they parched and ground the seeds, and ate them. My recollection is that a "treatment" of this kind was gone through with in 1840, when it was supposed the stone was dissolved. My knowledge of its medicinal and therapeutic value is derived from the laity (from whom we have derived much of our knowledge in therapeutics) in middle Tennessee, where I found them resorting to it in all forms of bladder trouble, and with beneficial results in so many cases that I considered it my duty to investigate it. I found the plant, when mature, to be the part used, without the root, and regardless of the seed; that is, the tops were gathered about the time the seeds were mature (in August), and the small stems and leaves used in decoctions, drinking liberally of this from three to six times a day. An experiment on myself in health proved it to be diuretic, but I did not then nor have I ever pushed it to the extent of producing the excessive diuresis or purgation that King speaks of as being produced by the root and seeds.

After having used the decoction for some time with very satisfactory results, I prepared a tincture, which I have now been using for several years, and find that it acts just as well and is much more convenient. By

some experience I have learned that this is best made by adding eight ounces of the freshly dried leaves to the pint of alcohol (65 per cent.), and maceration after the old style, or the modern plan of percolation. Of this tincture eight drachms may be used in 24 hours without producing excessive urination—drachm doses three hours apart—but three drachms a day will very perceptibly augment the flow of urine. From my clinical experience with *Onosmodium* I am satisfied that it possesses properties which entitle it to the first rank among remedies for urinary troubles, but it is not infallible. It is not a *specific for all urinary diseases*. It is diuretic, as before stated, but I have not used it for any general or blood condition for which diuretics are used. The only therapeutic application that I have made of it is for the relief of irritable conditions of the bladder, and it seems to exert this influence independently of its diuretic action; for I have often derived the greatest benefit from doses too small ($3\frac{1}{4}$ of the tincture from three to six hours apart) to produce any perceptible diuretic effect. This I have oftentimes verified in all conditions simulating strangury, when not dependent on mechanical causes, or a highly acid condition of urine. In cystitis, either acute or chronic, with urgent urination, when the urine is kept neutral and mechanical annoyances removed, *Onosmodium* affords prompt relief than any remedy I ever tried. I have frequently used it in gonorrhœal cystitis with as much benefit as in other forms. I hope the profession will give it a trial, and in doing so mark well the indications for its use as here given. If these are regarded it will not bring disappointment, provided the drug is fresh and pure.

Art. CXVIII.—*A Desperate Case in Practice.* By Dr. Geo A. HARRIS, Bridgeton, N. J.

Was called to see Ella C., aged 22, *enciente* in first pregnancy. Dr. S., an allopath, had been in attendance previous to my visit, who declared to the friends and relatives of the patient that full time for delivery was at hand, and that she should be delivered at once. Being under that impression, he proceeded *secundum artem*, but without making any progress. Somehow, in the course of his manipulations, perhaps with a view of expediting matters, placed his knee against spinal column in lumbar region of patient, and made powerful downward and backward pressure to such an extent that patient, after this "scientific obstetrical treatment," complains of continued and excruciating pain in lumbar region, just where the knee came in contact with the spine, and where the pressure was made—in fact, that locality is in a highly inflamed and bruised condition. Tincture arnica, emplastr. belladonna, and thyme, were the remedies required to cure the injury. I made an examination per vaginum at that time, and I am quite sure that the pregnancy was not advanced beyond the eighth month.

I made occasional visits afterward to the case, but what seemed surprising was that as time advanced there was no advancement in the pregnancy, the os uteri making no dilatation or change whatever, and the foetal presentation remaining the same. About a week since (five weeks after my first visit) general oedema made its appearance, the patient being

unable from this cause to leave the bed. My conclusion and diagnosis in the case was that the foetus was not alive. So accordingly I commenced treatment for its expulsion. My first remedy was infusion of ergot, but without any perceptible good results. Then I administered tincture of gelseminum, and lastly I gave macrotin in frequent and large doses, which had the effect of causing speedy uterine contractions, and expulsion of the foetus, which was found perfectly dead, and in a condition bordering on decomposition. The placenta was shriveled and offensive, being removed with great difficulty. "Thus far, thus good," but immediately after the removal of the placenta the patient was seized with convulsions, and was in a state of profound coma for a period of two days and a half, seeming to defy all remedies. Tincture belladonna and spts. ammonia aromat. were administered in small and frequent doses during the coma, together with milk and beef essence.

As the patient gradually emerges from the comatose condition, other dangers as formidable and serious in character await her. The lochia has been arrested during the coma, and tympanitis and delirium, with symptoms of puerperal peritonitis, are ushered in. The pulse is 120, the tongue is coated from tip to base with a dirty brown. The patient must have relief, or death will soon close the scene.

I ordered flannel saturated with spirits terebinth and applied over abdomen for thirty minutes, to be followed by hot linseed poultices, removed every three hours. Gave internally—R Podophyllin grs. v., potass. bitart. 3x.; make ten powders, and give one every three hours until the bowels are moved. The patient seemed relieved after first operation from bowels. I then gave—R Tinct. aconite gtt. v., tinct. cimicifuga gtt. x. water, 3iv. M. S. Teaspoonful every hour. As there was considerable putrescence present, I alternated—R Fluid extract baptisia tinctoria gtt. x., water 3iv., with the above. The linseed poultices were continued for four days. The condition of patient at present is as follows: Pulse normal, lochia normal, tympanitis subsided, mind perfectly rational, tongue clean, appetite good. There is no doubt but what the patient will make a rapid and permanent recovery, and there is no doubt further that if our "scientific" regular friend had continued his irrational and destructive treatment, the patient ere this would have gone to "that bourne whence no traveler returns."

Art. CXIX.—Poisoning by Belladonna. By G. E. BRADFORD, M. D., Clinton, Mass.

Sept. 21, at 3 o'clock P. M., I was called to see Mrs. G., aged 21, nervous temperament, who had swallowed, about 1 o'clock P. M., half an ounce of tincture belladonna after fasting. Found pulse 144, heart palpitating violently, pupils dilated to fullest extent, features congested and tumefied, carotids full, head felt "numb and dead" from first taking, now limbs "feel like sticks of wood," beginning to be "numb all over;" much frightened, but no spasmodic movements.

Thinking an emetic would do no good at that late hour, I prescribed tincture lobelia 3ss., tinct. capsicum gtt. xv., water half a tumblerful—

teaspoonful every fifteen minutes. Elaterium, 1st dec., grs. x. Hot mustard water to feet, limbs and body, with brisk friction. Cold water Oss., aconite 3j.; keep head wet. As soon as procured, gave in place of first, comp. tinct. iodine gtt. xxx., tinct. lobelia 3ss., water half tumbler; half teaspoonful every half hour.

At 4 o'clock was nearly unconscious, spasmodic twitching, pulling at clothing, grasping at imaginary objects, very restless, obliged to force down medicines. Gave two doses elaterium, then croton oil in drop doses every half hour, aided by enema of warm water Oj, molasses half cup, every 15 minutes till bowels moved freely. Kept up local stimulation and friction with mustard water, brandy and water, hot flannels, mustard sinapisms to feet and ankles, heat to feet, etc., all night, and more or less till noon next day. As soon as bowels moved gave hypodermic injection of one-half grain sul. morphia every two hours, with best of results. Should use it again from first in about one fourth grain portions every hour. This reduced size of pupils rapidly, improved circulation, and calmed heart's action.

From time I arrived till about 7 o'clock, pulse remained 144, but gradually got weaker at wrist, so it was counted with difficulty; tendency to coldness of extremities. After 7 a marked change for the better was noticed; pulse came down, heart grew more quiet, pulse stronger at wrist, but mental condition did not improve till after midnight. At 4 o'clock A. M. spasmodic action nearly gone, reason returning, answers all questions, hallucination subsiding. Did not fully recover from influence of the poison till toward noon next day. About 9 A. M. gave enema of beef tea, ordered ice cream in small amount, and gave, to quiet any irritation of stomach, infusion peach bark every two hours, alternated with aconite gtt v., nux gtt. v., peppermint water 3ij., water to make half a tumbler, teaspoonful every other hour. Gained very fast, and is now all right. The aconite and water to head acted nicely, as it has done for me on several other occasions, and I believe I have prevented severe brain complication in at least half a dozen cases this season with it, aided by proper internal medication. Thanks to Prof. Howe for it, and hope he will give us more anon. My patient thinks she will not take half a wine glass of medicine again without first knowing it is not poison.

Art. CXX.—Treatment of Syphilis. By J. C. BURLINGTON, M. D., Attica, Ind.

I have seen several inquiries lately in regard to the best mode of treating syphilis, and I now desire to give my experience in the treatment of that loathsome disease with acetate of potassium.

CASE 1. Mamie H., aged 3 years, has congenital syphilis. Her father and mother both had secondary syphilis when she was born. As they were a hard family, and knowing something of the alterative properties of the acetate, I concluded to experiment with it in this case, and consequently made the following prescription: R Acetate potassa 3ij., aqua font. ad. 3iv. S. A teaspoonful every two hours, to be given largely diluted in water.

This was in May, 1878, when the first prescription was made, and I continued the same until the middle of September, when the child seemed entirely cured, and I stopped giving the medicine, and gave for one month, as a tonic, the soluble citrate of strychnia and iron in Holland gin, since which time she has enjoyed perfect health.

During the months of August and September of 1878, I had five cases of indurated chancre, which I destroyed with nitric acid. As an eliminative, I gave—℞ Acetate potassium $\mathfrak{z}\text{iv}$., aqua font. ad. $\mathfrak{z}\text{viij}$.; a table spoonful every four hours. This treatment was continued alone, except in one case, until the first of January, 1879, when four of the cases were pronounced cured, and up to the present time no secondary symptoms have made their appearance.

The exceptional case was a young man of very intemperate habits, the effects of which I think caused a very troublesome sore throat, and I had to suspend the acetate for one month, after which I continued the same until the following April, when I gave him the strychnia and iron for a month, since which time he has taken nothing, and remains well.

In each of these six cases the cure seems to be complete, and as it is a course of treatment which I have never seen recommended, I thought I would report it, and ask that the profession give it a thorough trial and report their success, for I am sure they will find it far superior to the old mercurial plan. I shall not speculate upon the curative action of the remedy; it may be an antidote, but I think it acts as a depurant.

Art. CXXI.—An Obstetrical Criticism. By I. N. BROWN, M. D.,
Laurel, Ohio.

In the August number of the *Journal* (page 370) Dr. Graham says he "found the head presenting but lying nearly across the pelvis, well locked in the superior strait." And when pains got severe everything was brought right by "Placing my left hand and arm upon the right side of the abdomen along side of the uterus, and the palmar surface of the right hand on the left side of the hypochondriac region immediately over the head of the foetus, at each pain for three successive pains, made firm pressure from right to left side with the left hand all along the uterus, and from left to right and downward with the right hand, the third pain being sufficient to cause the presenting part to come into the strait properly."

Now, from this description, I think it would take more than a "Philadelphia lawyer" to understand anything about this case. If the head presented, and was "locked in the superior strait," how could the manipulations cause it to "come into the strait properly"? Again, if the head was in the superior strait, how could the right hand placed on left side of hypochondriac region (which hypochondriac region?) be "immediately over the head?" And again, if locked in the superior strait, how could the head be "lying nearly across the pelvis?" how? which way?

He does not tell us what the position of the head is, only that it was "lying nearly across the pelvis." Does he mean that the occiput was to the right or left, and the manipulation simply rectified the abnormal po-

sition? We are left to conjecture whether so or not, and whether or not it was a shoulder presentation after all, etc., etc., until I find myself going for Dr. G., even if he is "twenty-one years old in the business." Then he is old enough to know better than to leave us so confused about what seems so plain to him, if there is anything good in the manipulations he adopted in the case. To get at this good is the object of my writing this.

Art. CXXII.—The Previous Disease in the Selection of a Remedy. By W. STEINRAUF, M. D., Nokomis, Ills.

Several months ago, I was called to see Mrs S, who had just recovered from what the two attending allopathic physicians had called malignant rubeola. When the physicians ceased visiting their patient, claiming that she was well, and they could do no more for her, a third doctor, also allopath, was sent for to try his luck. He treated her for a while, and becoming disgusted with his treatment, he was dismissed. Writer was asked to take professional charge of the case.

Found the lady sitting in a chair, complaining of a swelling of the abdomen, and a general malaise, looking haggard and worn. Shortly after the measles had departed, the swelling had begun. At first it was more outside the abdomen, as the woman expressed it, but on poulticing, it seemed to go in altogether.

During the examinations and explorations, there was found to be an exceedingly large swelling, beginning immediately below the false ribs, filling the whole left side of the abdomen, and extremely tender to the touch. Pulse one hundred, small and feeble.

As we opened our saddle-bags to prepare the medicines, the lady exclaimed. "Doctor don't give me any quinine, as I have taken six bottles containing it within a few days, but to no good whatever."

In fact the allopaths had given her almost nothing but quinine from the beginning. Having read several years ago in the *Journal*, that the previous disease, in selecting a remedy, was an important item, especially when the treatment had been wrong, I proposed to try it. R Tr. Bell. gtt. x., water ℥iv; a teaspoonful every two hours. This simple prescription changed it all within three days. A radical cure was the result. And the matter is easy enough. The patient needed belladonna from the beginning for the rubeola. And if she had gotten it, liver and spleen would have never swelled to such an enormous extent. Belladonna dispersed the hypertrophy of these organs, and did it quickly. Nothing else was given.

Art. CXXIII.—The Rubber Bandage. By A. D. BUNDY, M. D., St. Ansgur, Iowa.

Reports of cases treated in some way peculiar to the writer, do not, in my opinion, benefit the *Journal*. If we can say anything confirming any measure or remedy, and say it to the point, it may be read with interest. About one month ago a patient applied to me to treat an ulcer of the leg. The following is a partial history of the case. Some five years ago the patient was residing in Chicago working at his trade, which was that of a

millar, when a swelling made its appearance in the popliteal space of the right leg; it increased rapidly in size, and he sought assistance at the hands of Professor E. Andrews, who pronounced it an aneurism, and at once tied the femoral artery, and the aneurism was cured; but it left the whole leg weak and inclined to be cold, with lack of sensibility in it. This Summer a boot chafed the outer side of the ankle, about two inches above the external malleolus, which soon passed into the condition in which I first saw it. I found an ulcer about one inch by two, with ragged edges, and probably three-fourths of an inch deep; an area around the ulcer of two inches was of a dark purple color; the whole ankle tender and exceedingly painful to the touch; and he could not stand on his feet attending his work without great pain and discomfort. The ankle was also covered with an eczematous eruption. I applied a rubber bandage three inches wide, and three and a half yards long, making a few turns around the instep then over the ankle, carrying the bandage to the knee. I directed him to remove the bandage at night, sponge the leg clean and apply on a little lint, the "juniper pomade," but to sponge the ankle clean before applying the bandage in the morning. After removing the bandage at night, it was rinsed in cold water and hung up to dry, to be reapplied on rising. My patient says now, "my leg has not felt so well for years. I can be around all day, and it does not pain me. The ulcer is almost healed and I feel well pleased with it." Before the introduction of the rubber and flannel bandage in surgery, the treatment of cases of this kind was an opprobrium of our art. Professor Howe taught us that there was no mysterious salve, that would cure these cases, but the cure must be sought by means to support the enfeebled structures. I think, besides the support given by the rubber bandage, the effects of the vulcanized rubber directly to the sore, has something to do with the cure.

Art. CXXIV.—*Cholera Infantum.* By W. A. Long, M. D.,
Oranogo, Mo.

My little boy, twelve months of age, about July 10th, was attacked with diarrhoea. Gave him our common treatment, aconite and ipecac, changing to nux and syrup of rhubarb when indicated, till July 30th, when recovery was about completed, remaining well till Aug. 8th. He contracted severe cold, the bowel trouble returned in a more aggravated form, great tenesmus, the discharges after the first three or four were copious and watery, followed with a thick gelatinous muco-pus, dark yellowish green, very tough. This attack commenced with a chill, followed with fever and spasms. Subdued the fever with gelseminum and bathing dilute aconite to the head; bowels controlled to some extent. On the 5th day from attack, symptoms of gravel appeared. Gave spirits nitre, and bicarbonate potash. Sixth day passed large quantities of sand and limy looking matter. Seventh day bowels discharging rapidly, thirty actions in twenty-four hours; still giving aconite and ipecac in the ordinary dose till six o'clock P. M., when I had about despaired, and my patient was rapidly sinking from the exhausting evacuations. I thought of graphites, that I had given once as I thought with good results. I gave

him one-fourth grain in water; in half an hour gave one-half grain, and in another half hour he forgot his great thirst and fell asleep; slept all night, watched by friends to see him breathe his last. Gave nux and ipecac through the night, also panada. He awoke in the morning refreshed and took food. The terrible thirst continued four days, the diarrhoea rapidly giving way; convalescent the fourteenth day from attack.

I was induced to give graphites for its known action on the sympathetic system of nerves. I am not ready to say it is a specific for cholera infantum; it may be worthless, but will try it again when an opportunity affords. Try it, brother physicians, it can do no harm in small doses. I will state that the only odor given off from the stool was that of fresh blood. I need not say to my fellow physicians that the specific practice is a success, for those who try it can't fail to see it.

Art. CXXV.—*Rheumatism.* By Mrs. C. H. UNDERWOOD, M. D. South Bend, Ind.

Having looked very anxiously from month to month and not seen any cases of rheumatism reported on specific treatment altogether, I will report two cases I have had under my care.

CASE 1. Mrs. S. from Colorado, took inflammatory rheumatism the last of March. It affected the heart and lungs at first, and then shifted all over the body. She was treated with salicylic acid, which was the only remedy that gave her any relief. She would take it in capsules every two hours until her head would roar, and then discontinue for a while. It affected the hips and joints so much that she was not able to come to see me until June. She made out to travel but was quite stiff on her arrival, and could not walk alone. My treatment was as follows: Bryonia and lobelia to relieve the lungs. Veratrum for the heart difficulties. Apocynum for puffiness and swelling. Salicylic acid vapor baths twice a week and 3-gr. doses of salicylic acid three times a day. Twice a week used a liniment to the painful parts, of tinct. camphor, ether and alcohol. My patient yielded nicely to my treatment, and returned home in September. I received a letter from her last week, stating she was feeling well. I should have stated my patient was fleshy.

CASE 2. My patient was anemic. Had been treated several months by an old Eclectic. I could not discover any plain symptoms for specific treatment; but for sharp pains, gave rhus and veratrum, and then the pains would be dull. I gave bryonia and aconite, apocynum for puffy swellings, salicylic acid three times a day. My patient being opposed to vapor baths, and being a weak minded woman, having been an inmate of the insane asylum the fourth time, concluded to humor her in her whims, consequently could not use the vapor baths. She did not yield to the above treatment as well as my first case, yet she was relieved partially. I then came in with shot-gun prescription, viz., for severe pain, diaphoretic powder and morphine every two hours till relieved; glycerine and iron for anemic condition; equal parts of macrotys and colchicum, ten to thirty drops, every two hours. This gave her more relief than any

thing previous. Used liniment to the stiff joints to palliate. Strange to say, but my patient is improving under this treatment. Have been treating her one month.

Art. CXXVI.—*Cascara Sagrada* vs. *Old Remedies*. By T. S. MOTTER, M. D., Lafayette, Ind.

We believe it the duty of the profession to report important adversities in practice, as well as the important successes. And we believe further, that physicians should not be too hasty in making known limited tests in the action of remedies, except they do it in a way that their readers may know that the test is incomplete. We are no enthusiast in the adoption of new remedies, neither are we slow to take up remedies that we know to be well recommended, but we are a "go between."

We feel very much like wielding the cudgel a little on the article at the heading of this item, viz., *Cascara Sagrada*. After having read a few articles concerning the action of the *Cascara*, or *Rhamnus*, we were almost ready to exclaim (for some one else) Eureka. The article is now receiving its full praise in almost every medical journal of the land. There is but one question that we propose to discuss now, viz., Is the remedy we have under consideration superior to some of our old remedies, such as *Taraxacum*, *Senna*, *Rhei*, *Leptandra Virginica*, etc. We decide in the negative. We hope no one will accuse us of writing in the interest of any medicine manufacturing establishment. In October, 1878, we commenced the use of the article in question, and since that time have dispensed about fourteen or fifteen pounds of it in fluid extract form. For the first few months, it was in high favor with me, but it soon became perceivable that its effects were not permanent, and the remedy has "lost favor in my sight." Since about that time I have prescribed it to certainly not less than seventy-five patients. I have prescribed it to be taken from three times a day to once a week. It is claimed that the remedy under consideration will cure habitual constipation. I deny it. It will cure it only so long as the alimentary tract is under the influence of the remedy; that is only temporary relief. I have yet to see the first case of habitual constipation it has permanently relieved, as is claimed for it. True, it relieves a constipated condition of the bowels, but only while taking it. *Taraxacum*, *senna*, *rhei*, *leptandra*, will do the same, and for taste *rhamnus* has no preference over the other articles named. And we think that none of the old remedies, are any more harsh in their action upon the bowels. In this matter we speak from experience. Some one may accuse us of confining ourself to one manufactory; it is not the case; our file of bills represents four different firms. Let us hear what has been the result obtained by its use.

Art. CXXVII.—*Items from Medical Practice*.

Called to see Rev. B. M., Friday morning, age 50 years, found his temperature 97°, pulse 70, and feeble; extremities cold, tongue pointed and red; pain in stomach, with looseness of the bowels, and slight headache, also coughed occasionally with hoarseness, as though he had contracted a

cold. Said he had been riding some twenty miles in a cold wind without overcoat. After thinking the matter over, concluded I would put him on a stimulant and tonic, and gave the following:—*R* Sulp. cinchonida grs. ij., capsicum grs. j. Mix. Left several such powders, one to be taken every four hours; saw him again on the afternoon, found a reaction had taken place, his temperature being 102° with pulse at 90, and face red. I changed the treatment for the following:—*R* Fluid ext. belladonna gtt. x., fluid ext. gelseminum gtt. xxx., water ℥iv.; one teaspoonful to be taken every two hours. Saw him again on the following Monday morning, when I was called; found him in mortal agony with an eruption of the extremities of large blotches, some of them blended together and others each by itself, looking white and raised above the skin like what is known as hives. He was in perfect torment from itching, his temperature was 102°, pulse 90 and strong, put him on the following:—*R* Rhus tox. gtt. xx., fluid ext. belladonna gtt. v., water ℥iv Mix. One teaspoonful to be given every two hours, and requested that he drink water acidulated with bitartrate of potassa, and as a wash, soda water to overcome the itching; saw him again at 3 o'clock of the same day, the eruption had faded from the extremities, still the temperature remained the same. Monday he was up and dressed, still weak. On Tuesday he rode thirty miles, and has since recovered.

Having never seen just such a case in a practice of twelve years, thought perhaps it might interest some of your many readers. Should be glad to have comments relative to the case, and name of this peculiar development. As to treatment, I have simply to say, he recovered, and believe the remedies palliated the condition. A. E. BACON, M. D.

We have had quite a run of typhoid malarial fever cases this summer, and Specific Medication is ahead. I have not lost a case, while my neighbors, all allopaths, have lost several. The remedies used were aconite, veratrum, gelseminum, nux, bryonia, rhus. bromide of potassium, and quinine in the last stages, in small doses, also phytolacca; in throat complications baptisia was sometimes indicated, sulphite of soda and sulphurous acid often, and were given with the happiest effect.

While there was a vibratile pulse or flushing of the left cheek nothing did any good until rhus was exhibited, then the other remedies worked all right. So also with bryonia, when there was a sharp pulse, wandering pains in chest or bowels, with cough or tympanitis, it acted charmingly. Specific Medication seems to be all Greek to Old Physic here, and no wonder, they have never studied it. J. W. PRUITT, M. D.

Called to see Mr. A., diagnosed passing a gravel along uretha, advised the usual remedies, morphine and warm hip bath. Sat down to rest and watch the case. Thought if he would hold the glands penis and prevent the dribbling of urine it would accumulate in front and give space for the gravel to gravitate in the pendant position. It acted like a charm; have tried it time and again, it always relieves in a few minutes.

C. T. LOVE, M. D.

P E R I S C O P E.

The Formation of Callus.

The mode of formation of callus is a subject of both practical and pathological interest. In the year 1865, M. Ranvier showed that the callus which is formed in simple fractures, in men and animals alike, passes through a cartilaginous stage, while in compound fractures there is no cartilaginous stage; new bone is at once formed from granulations which come from the medulla of the fractured bone. He showed also that suppurative inflammation does not interfere with the formation of bone in cartilaginous callus, when the latter has once been formed. These researches left still undecided the question of the cause of the difference in the process under the two conditions. This point has been further studied in an investigation described to the Academie des Sciences by two pupils of M. Ranvier, MM. Rigal and Vignal. They find that, 1, even in simple fractures the central plug always becomes directly bony in the middle of the medulla, which has assumed an embryonal structure. 2. When a part of the bone is scraped away, either down to the medullary canal or less deeply, the cicatrix is always directly bony, even when union is by the first intention, a fact also observed by M. Ranvier. 3. In a compound fracture, even if the fragments of bone are left exposed to the air for a considerable time, if suppurative inflammation can be avoided, and union by the first intention thus obtained, the callus passes through a cartilaginous stage. 4. That in a compound and suppurating fracture the callus is at first cartilaginous, in the points not invaded by the suppuration, while even in simple fractures, in which the extremities of the bones are, from any cause, bathed in pus, the callus is still primarily bony. These different facts led the investigators to conclude that if in compound fractures the callus is primarily bony, it is because the periosteum, or more exactly the subperiosteal layer of cellular tissue, was destroyed by the suppuration; and they have arrived at the conclusion that this layer alone is concerned in the formation of cartilage, and that the medulla of both the Haversian canals and of the central canal forms bone directly. Several attempts were made to obtain bony tissue from medulla transplanted into the subcutaneous cellular tissue, but all failed, while subperiosteal tissue thus transplanted invariably produced bone which was at first cartilaginous, as M. Ollier had already found. From the lower third of the tibia of a rabbit the periosteum was removed three or four times, so as to destroy all its osteogenic properties. Then fifteen days after the last removal, the bone was broken in the middle of the denuded portion. Twelve days later, a period at which, in the rabbit, a cartilaginous callus is usually found, the animal was killed, and the examination of the fracture showed that in the midst of granulations proceeding from enlarged Haversian canals, there was a peripheral callus, purely bony. The experiment was repeated several times with the same result. A still more conclusive experiment was the one in which the periosteum was removed from one surface only, and the bone then broken. Upon that surface the osseous callus formed directly, as in the case of compound fractures,

while upon the surface on which the periosteum was preserved the callus was cartilaginous. These experiments show that the subperiosteal layer, when there is active irritation, as in the case of fractures, contributes to reparation by forming cartilage. But there are numerous cases in which the subperiosteal tissue forms bone directly, and experimentally it could be made to form bone or cartilage as well; with slight irritation bone is formed, with greater irritation cartilage. In the same animal the periosteum was exposed on both legs; on one it was irritated gently by rubbing (as with an agate burnisher), and in the other leg it was irritated strongly, and the adjacent soft parts bruised, so as to cause an extravasation. If union of the wounds by first intention was obtained, in the former osteophytes were found beneath the periosteum on the twelfth day, while in the latter there were only cartilaginous masses. The latter experiment explains the direct formation of bone at the points of the callus which are farthest from the fracture. In the experimental fractures it was invariably found that in the extremities of the oval mass of callus, bone was formed at once—the inflammation at these points being less active, the subperiosteal cellular layer formed bone immediately.—*Lancet.*

Extirpation of the Uterus.

Dr. J. Marion Sims saw in Schröder's ward an interesting case of extirpation of the uterus for sarcoma. The operation had been performed about ten days before, and the patient was convalescent. She was nearly forty years old, and had a tumor about the size of an egg in the body of the uterus. A bit of it was scraped out with the curette, submitted to the microscope, and found to be malignant. Prof. Schröder then determined to extirpate the organ. He made the incision as for ovariectomy, drew the uterus up from the pelvis, transfixed the cervix with a double ligature antero-posteriorly, just above the vaginal junction; tied on each side, including the corresponding part of the broad ligament, just as Pean does; and then he amputated the body of the uterus from the cervix at the os internum. This left a raw surface about an inch and a half in diameter, which Pean and others have been in the habit of putting outside through the lower angle of the abdominal wound, and fixing it there as they did the pedicle in ovariectomy. The clamped pedicle and Listerism are antagonistic, if not incompatible. Prof. Schröder did not wish to leave a sloughing pedicle outside; nor did he wish to leave a suppurating one inside the peritoneal cavity, and he hit upon this happy idea: He excised the cervix conically from the amputated cervix down to the point at which it had been transfixed with the ligatures; and then he brought its thin edges together antero-posteriorly, and secured them with fine carbolized silk sutures. Thus the incised surfaces were brought in contact internally, leaving only serous surfaces in contact with the peritoneal cavity. It was beautiful in theory and successful in practice; for the patient recovered with the pulse and temperature remaining very near normal all the time.—*Medical Record.*

Remarkable Experience of an Aconite Bottle.

Over thirty years since I got a little aconite leaf at a drug store. The druggist cut off a little slip not one half as much as your little finger. I asked him, how much for it? he says you are welcome to that little. I put it in a vial holding about two ounces, and filled it with half alcohol and half water. This preparation I used on every occasion of sickness of horses and cattle owned by myself, and many of my neighbors, for about fifteen years. Every one that took the medicine got well. From five to ten drops at a dose was all that was used, and then not more than three to five doses. Some animals had other medicines after it, but all got well.

The vial would get dry by evaporation, or used out, and all that we done was to put in alcohol or water. I gave the vial to a son-in-law of mine, after using it myself fifteen years, having first cured for him a horse sick and down with the colic with it.

He of late sold out his horses and gave the little bottle to the men he sold to, and they use it just the same. No medicine has been added in thirty years, but often filled with alcohol and water. Not one horse died in sickness if he took out of the little bottle.

I think the little bottle good for thirty years more, if kept filled, and will do just as well as ever. This may appear strange, but it is true. More are killed with medicine than cured.—*S. in Medical Investigator.*

[A very good illustration of *some* homœopathy.—ED.]

Coating Pills.

From two communications contained in the Australian supplement to the *Chemist and Druggist*, April, 1880, p. 97, we extract the following directions.

1. I may say that I have tried chalk, gum, starch, isinglass, sugar, French chalk, gelatin, mucilage, glue, simple syrup, albumen and arrow-root. In some instances I have used the above separately, and in others combined them, but obtain the best result as follows: Dissolve one drachm isinglass in one and a-half ounces simple syrup; pour a small quantity whilst warm upon some pills that have been made, say, a few weeks, and become hard. After shaking them about for a short time sprinkle over some French chalk; place them in a flat bottom tin and apply a gentle heat; keep them continually rotating, adding more chalk, if necessary, until dry. I find that the coating neither cracks, nor does it peel off. I had no guide in my first attempt to sugar-coat pills, and if any correspondent is in possession of a better method, maybe he will kindly enlighten his brethren.

2. Make a solution of tolu in ether; nearly saturated (the refuse from making syrup of tolu answers equally as well, and is more economical); put the pills into a jar and moisten thoroughly with the solution; then throw them into French chalk contained in the pill-coater, and after rotating in the usual manner expose for a short time to allow the coating to dry; then coat twice in succession as follows: Mix equal parts of fresh mucilage of acacia and water, add two drops of this to each dozen pills, and throw them into French chalk as before; finally remove all the chalk

from the coater and polish the pills by rotating them for some time in the coater.

The object in first coating with the solution of tolu is to prevent the discoloration of the coating, which invariably follows if this is omitted. During an experience of thirteen years I have never found the least objection to the use of tolu.

French chalk, or lycopodium, will be found the best for dusting the pills when rolling, as liquorice and such-like powders adhere to the pills, increasing their size and otherwise interfering with coating them satisfactorily.

Digestive Action of Paw-paw Juice and Papain.

Bouchet has shown (*Comptes Rendus*, August 23, 1879,) that the juice of the paw-paw and papain contains an agent capable of forming with albuminoid substances a combination having all the characteristics of assimilable peptones.

In making further experiments with dilute paw-paw juice or with papain upon *living tissues*, healthy or pathological, as adenomas and cancers he attained results of great interest.

These tissues are digested by the agent and converted into peptones in the same manner as dead albuminoid matters.

Thus if a dilute solution of paw-paw juice or of papain be injected into the brain of an animal, by means of the hypodermic syringe, a digestion of the cerebral substance, with which the agent has come in contact, is found to take place.

All this portion, if examined twenty-four hours after death, presents a yellowish softened appearance, and in a circumscribed point has formed a *nidus* for yellow, and in some cases reddish, pulpy softening.

The animal, in three or four hours after the injection, falls in collapse, becomes paralyzed on one or both sides of the body, and dies in apparently great agony.

If, however, an injection of papain or of paw-paw juice be made into the muscles of the thigh, buttocks or loins of an animal, a marked change in the muscular tissue is noticed twenty-four hours afterward. In that portion of the muscular tissue where the papain has lodged a softened, pulpy and gelatinous substance is found surrounded by normal muscular tissue; this soft substance has been formed from digested muscle.

In seven experiments the same results were reached in every instance.

Bouchut then turned his attention to pathological tissues, injecting the solution into adenomas and cancers.

In three cases of adenoma of the neck where the injection was used violent pain followed in about two hours, and a severe attack of fever was brought on.

Three days afterward the tumors became softened and were converted into abscesses, which after being opened with a sharp instrument, healed in two out of the three cases.

In three cases of cancer of the breast and one case of cancer of the groin, injections of papain led to softening and digestion of the large, hard tumors.

The liquid formed was drawn off, from one of the tumors, with the aspirator, and on analysis by Henninger proved to be a veritable peptone, showing then that the action of papain on cancerous tissue is true digestion. When injected into cancers, the solution, although neutral, produced great pain and a formidable attack of fever.

A frog, partly skinned, when placed entire into a solution of the paw-paw juice died in twelve hours, was partly digested in twenty-four hours, and at the end of ten days nothing was left but its skeleton.

These experiments tend to show that organized tissues, living or dead, may be peptonized by this substance, which is, as it were, *vegetable pepsin*.—*Am. Observer*.

The New Antidote to Arsenic. BY PHIL. HOGLAN, PH. G.

In the Journal for August. p. 430, a formula is given for the preparation of the hydrated sesquioxide of iron, which Dr. McCaw recommends in preference to all others for two reasons, viz.: it forms the surest antidote, and the ingredients are always accessible. By consulting the formula the reader will see that the second reason is plain, and it was for the purpose of testing the accuracy of the first reason that the following experiment was conducted. I prepared the antidote as directed by mixing the bicarbonate of sodium and the water and adding the tincture of iron; the mixture was placed on a filter and allowed to drain for a short time when a thick magma was left. A small quantity of this magma was mixed with a solution of arsenic containing half a grain and, after stirring the mixture and filtering, *not a trace of arsenic could be discovered* in the filtered liquid by sulphuretted hydrogen, or by Marsh's test, thus demonstrating that the formula in question produces an antidote, which is among the surest, if, indeed, not the surest of all antidotes.

While on the subject of antidotes to arsenic, I was induced to try the efficacy of the hydrate of magnesium recommended as an antidote by Bussy, though disapproved by others (U. S. Dispensatory, 14th ed., p. 30). The National Dispensatory, 2d ed., p. 887, states: "As an antidote to arsenious acid freshly precipitated magnesia ranks next in value to freshly prepared sesquioxide of iron." I dissolved about an ounce of sulphate of magnesium in a little water, gently warming the mixture. Water of ammonia was then added in slight excess and the mixture placed on a filter and allowed to drain. A portion of the magma left on the filter was mixed with a solution of arsenic; as in the experiment with the sesquioxide of iron, after stirring the mixture and filtering, Marsh's test gave *not the slightest evidence* of arsenic in the filtered liquid, thus showing that the hydrate of magnesium freshly prepared is an excellent antidote to arsenic, and possesses also the advantages claimed by Dr. McCaw for the sesquioxide of iron, viz.: that the ingredients, epsom salts and hartshorn are not only on hand in the apothecary shop but are frequently kept in the family, thereby insuring the preparation of the antidote in time.—*Am. Jour. of Pharmacy*.

On the Anti-Malarial Action of the Chinchona Compounds.

By T. J. MACLAGAN, M. D.

That quinine cures ague is one of the best established facts in practical therapeutics. How it does so we do not know. And it is impossible that we can know until we have some idea of the nature and mode of action of the ague poison. The existence of this poison is known to us only by its effects. These effects are the various forms of malarial fever.

Malarial fevers are most prevalent in marshy localities, in which there is much decomposing vegetable matter. Whatever puts a stop to this decomposition seems to arrest the development of the miasmatic poison. Cold weather, the complete drying up of the marsh, its drainage, even its submergence under water during a wet season, seems to have the effect of checking the spread of malarial fevers. These are exactly the circumstances which would check vegetable decomposition.

Marshes situate near the sea, and liable to inundation by it, are, *ceteris paribus*, more malarious than those which have no admixture of salt water. Salt water kills fresh-water plants. Marshes liable to such inundation thus contain more decaying vegetable matter than those whose water is always fresh.

Malarial fevers are most common in autumn, when vegetable matter formed during the summer begins to decay, and while the heat necessary to its rapid decomposition still prevails.

The association of malarial fever with vegetable decay is undoubted. What is the nature of the association?

Finding it all but invariable, the conclusion was not unnaturally drawn that the malarial poison was a product of vegetable decomposition; and various gaseous products of such decomposition have been suggested as possibly constituting the toxic agency. It has been found, however, that not one of these produces malarial disease.

Many marshes, too, contain much decomposing vegetable matter, and present all the conditions indicated as requisite to the development of malaria without being a source of malarial disease. Where malaria prevails vegetable decomposition is generally abundant and active. But the converse does not hold good; for vegetable decomposition may be abundant and active in a locality which is not malarious. No product of vegetable decomposition has been proved to be competent to cause intermittent and remittent fevers, and no causal connexion has been established between vegetable decay and the occurrence of these maladies. But there is another possible explanation of the association.

Malarial fevers are most common in autumn when vegetable decay is most active. But decay is a mere sequence of death, and death simply the cessation of vital activity. Autumn marks the time at which the annually-recurring active growth of plants comes to an end. The increased prevalence of malarial disease in autumn is thus associated with the cessation of the growth of living as much as with the decay of dead vegetable matter. It is possible that the association may be with the former rather than with the latter, and that the arrest of the processes which constitute vegetable activity may have more to do with the devel-

opment of malarial diseases than has the occurrence of the changes incident to vegetable decay.

Malaria exists in the ground, emanates from it, and infects the atmosphere in its neighborhood. Of this there is ample evidence:—

1. The diseases to which it gives rise are associated with certain conditions of the soil.

2. Such disturbance of the ground as cultivation implies often leads to the development of these diseases.

3. The poison does not operate at more than a certain height above the sea-level.

4. Those who sleep near the ground are more apt to suffer than those who are more elevated.

A poison which is in the ground, and which infects only that part of the atmosphere which is near the ground, has its seat in what may be called the vegetable tract. The chief area of malarial infection is the area of vegetable influence—the ground in which the roots are, and the atmosphere immediately around the leaves.

Now, supposing the malarial poison to be (as it almost certainly is) something which may be taken up and absorbed by plants during their growth, it is evident that less of the poison would be spread abroad and be available for the production of disease during spring and summer, when vegetation is active, than in autumn, when the cessation of growth would leave much of it free; while the cold of winter might check the development of malaria as well as of vegetation. Thus the autumnal development of malarial fever may be causally associated with the autumnal cessation of vegetable growth.

Evidence in support of this view is found in the purifying effect of vegetation on a malarial atmosphere, as testified to by some facts noted in a study of the natural history of malarial fevers. The marsh poison is carried about in air currents, and may thus give rise to malarial disease at some distance from its home. These malaria-laden breezes may be robbed of much of their deleterious properties, and rendered comparatively innocuous, by having to pass through a belt of trees. On the other hand, the cutting down of trees has been followed by the development of malarial fever in localities which have thus been opened up and exposed to direct currents from a malarious district.

It is claimed for some trees and plants, and not without some show of reason, that they possess the property of removing malaria, and rendering a district more healthy. The one quality common to the trees and plants which have been so commended is rapidity of growth, implying great activity of the nutritive process. We know that malaria may be taken in the system of man either through the lungs, or in drinking-water through the digestive organs. There is no reason why it may not in like manner be absorbed by plants, either from the atmosphere by the leaves, or with water by the roots, or by both channels. There is no other mode in which vegetation as such could produce a purifying effect on a malarial atmosphere.

The cessation of vegetable growth in autumn would thus explain the autumnal prevalence of malarial fever. The poison which produces that

fever may be as abundant in summer, but the active state of vegetation at that season leads to the absorption of much of it by the leaves and roots of plants, and to the consequent removal of much of the poison from the soil and atmosphere. In other words, malaria seems to be developed during the hot season, but it is chiefly at the latter part of that season, when ordinary vegetation ceases to be active, that it has full scope for its disease-producing powers.

Again, malarial atmospheres are more deadly during the night than during the day. The literature of the subject abounds with instances in which the members of a ship's crew who went ashore in a malarial district only during the day escaped, while those who remained all night suffered from malarial fever. This deleterious effect of night air is well known to dwellers in malarial districts, who during the day go freely and with impunity into places which they would not think of visiting at night. No satisfactory explanation has ever been given of this. It has been supposed to be due to the chilling of the body by the night air, but the night air may be oppressively hot, and the result is the same. It has been attributed to the lowering of vitality during sleep; but sleep may be indulged in during the day with impunity, and being awake at night does not protect from danger. Dr. Mitchell, of Philadelphia, thought that malarial poisons were allied in nature to the fungi, and that like mushrooms, they grew during the night. It has been supposed, too, that vapors which are dissipated abroad during the day and are again condensed near the ground at night, may contain the malarial poison, and that it may be dissipated, and again condensed, with the vapor.

But none of these views would explain the purifying effect of vegetation on a malarial atmosphere. Another factor is almost certainly at work. If the view which has been advanced as to the mode in which trees act as purifying agents be correct, it necessarily follows that this action must be less during the night than during the day, for night is the time at which leaves cease to perform their absorbent function, at which, therefore, they would cease to exercise a purifying influence on a malarial atmosphere.

The view that the malarial poison is absorbed by plants and trees is the one which best fits into and explains the facts with which we have to deal. But still the question remains, "What is the nature of this poison?"

The opinion most generally entertained nowadays is that the malarial poison consists of minute organisms. "I have no hesitation," says Niemeyer, "in saying decidedly that marsh miasm—malaria—must consist of low vegetable organisms." Though the evidence is scarcely sufficient to warrant so strong a statement, there can be no doubt that this is the view which best accords with the phenomena noted in connexion with the origin and spread of malarial disease. The usual objection to this view is that, if such were the nature of the poison, its existence could be demonstrated by the microscope. But that by no means follows. The microscope can demonstrate the existence of very minute organisms; but beyond a certain point it cannot go. And it has to be borne in mind, that the limit to microscopic demonstration of such minute objects is not

the mechanical power of the microscope, but the visual power of our eyes. An object may be magnified 30,000 times and be visible, and yet disappear from the field of our vision when magnified 60,000 times. The object is still there, but its image is so attenuated by the increased power of the microscope that our eyes can no longer detect it. Professor Tyndall has demonstrated that the atmosphere habitually teems with particles so minute that they cannot be detected by the highest powers of the microscope, and that many of these particles are organized. With the knowledge that organised particles so minute do exist, we can not fail to see that our inability to demonstrate that malaria is particulate and organized is no proof that such may not be its nature.

Certain it is that this view is the one which best explains the phenomena with which we have to deal. Adopting it, we can at once see (1) why a damp locality favors the development of malarial fever; for moisture is favorable to the development of organized life; (2) why the drying up of the soil and the onset of cold weather lead to an opposite result; for such conditions check the growth of organisms; (3) why the complete flooding of a marsh has the same effect; for such an event puts a stop to direct communication between the soil and atmosphere. (4) This view gives also an adequate explanation of the purifying effect of growing plants and trees on a malarial atmosphere, if malaria consists of organisms so excessively minute that their size can be no obstacle to their absorption by the roots and leaves of plants.

The recent researches of Lanzi and Terrigi, and still more recent ones of Professor Klebs and Signor Tommasi-Crudeli, made in malarial districts of the Agro-Romano, near Rome, point to the conclusion that the malarial poison is an organism which may be obtained from the soil, and may be cultivated in the bodies of animals. This organism, say the last two observers, belongs to the genus *Bacillus*, and exists in the soil of malarial districts in the form of shining ovoid spores: to it they propose to give the name of *Bacillus malaris*. By inoculating rabbits with liquids taken directly from malarial soil, and containing this bacillus, there was produced fever, often of an intermittent type. Another result of such inoculation was enlargement of the spleen.

It is apparent that authority and evidence favor the view that malarial poisons are minute organisms. Such being the case, we shall assume that they are so, and shall proceed to investigate the probable mode of action of such organisms on the system. For if this view of their nature be correct, the phenomena to which they give rise in the system must be such as an organism would produce; and a detailed consideration of these phenomena will tend to throw light on the true nature of the poison which causes them.

Malarial poisons may act like ordinary medicinal and poisonous agencies; they may act after the manner of contagia, and have their action intimately connected with their organic development; or their mode of action may be altogether peculiar. To say that malarial poisons act like ordinary medicinal and poisonous agencies, is not to explain their mode of action, for of the manner in which many of these produce their effects we know little or nothing. Malaria differs, too, so widely from such

agencies, both in its nature and in the effects to which it gives rise, that it is likely also to differ from them in its mode of action.

That contagia are organisms, and that their morbid action is intimately associated with and dependent on their organic growth, are propositions which I have elsewhere considered and maintained in some detail. The evidence in support of this view may be briefly summed up as follows:—

1. The effects produced in the system by a given contagium bear no relation to the quantity administered—a small dose acting, if it act at all, as vigorously as a large one.
2. During its action the poison is largely reproduced in the system.
3. The quantity eliminated from the system is always greatly in excess of that received into it.
4. The locality in which its action is most marked—the seat of the local lesion in the eruptive fevers, for instance—is also that in which the poison exists in largest quantity.
5. The action of the poison ceases while the system still contains a much larger quantity of it than sufficed to cause the disease to which it gives rise.
6. The maladies produced by the contagia are communicable from the sick to the healthy.

The existence of such peculiarities creates a broad line of demarcation between contagia and ordinary medicinal agencies. They also separate them from malaria; for in malarial diseases there is not the same evidence of organic reproduction; there is no evidence of elimination of the poison; and malarial fevers are not communicable from the sick to the healthy.

The question of the mode of action of malaria is, indeed, beset with peculiar difficulty; for, unless possibly in the experiments of Klebs and Tommasi-Crudeli, already referred to, the poison has never been separated and experimented with. If malarial poisons are organisms—and the evidence all favors the view that they are so—they are more likely in their mode of action to resemble contagia than ordinary medicinal agencies. It is to be noted as evidence in support of such a view that the phenomena to which they give rise in the system are more analogous to those resulting from the action of contagia than to any effects ever produced by ordinary poisons and medicines.

Both contagia and malaria are intangible agencies introduced into the system from without. Both are associated with bad hygienic conditions. Both have for the most striking of their effects on the system the occurrence of idiopathic fever. In each of them the fever is specific in nature, and in each it has a more or less distinctive course.

The existence of such analogies constitutes a reasonable foundation for the view, not only that malarial poisons are allied in nature to the contagia, but that they are also likely to resemble them in their mode of action. If they act after the manner of contagia, and owe their effects to their organic development within the system, we shall find evidence in support of this view in a detailed consideration of the phenomena to which they give rise.

The essential characteristics of the form of fever which is universally

regarded as of malarial origin are its intermitting or irregular course and its occurrence independently of a local inflammatory cause. The question which we have to consider is the competence of an organism to produce such a result.

That the reproduction of an organism in the system is capable of producing the essential phenomena of the febrile state, I have in the case of the continued fevers shown in some detail.

An organism has for its most distinctive characteristics: (1) the power of organic reproduction and development, and (2) a certain action on its environment. This latter is dependent on the former, and consists mainly in the consumption of nitrogen and water. But nitrogen and water are the very materials required by the tissues of the body. The propagation in the system of millions of organisms having such wants, must lead to an enormous increase in the consumption of these materials. This means simply the developement of fever, for such an increase must give rise to quickening of the circulation, increased tissue-waste, increased consumption of water, rise of temperature, and increased elimination of urea. This aggregate of phenomena constitutes the febrile state. The propagation in the system of such organisms as I believe malarial poisons to be is, therefore, competent to the production of the most prominent and essential feature of the maladies to which these poisons give rise—idiopathic fever.

But though there are many analogies between continued and malarial fevers, there are also great and important differences. These, equally with the analogies, demand attention. They are as follows:—

1. There is ample evidence that the poisons of the continued fevers are reproduced in and given off from the system in large quantity during the course of the maladies to which they give rise. There is not such evidence in the case of malarial fevers.

2. The continued fevers are communicable from the sick to the healthy. Malarial fevers are not.

3. The continued fevers have a continuous regular course and a definite period of duration. The course of malarial fever is intermitting and irregular, and its period of duration indefinite.

4. One attack of the continued fevers confers, as a rule, immunity from a second. There is no such immunity in malarial fever.

Let us consider each of these points.

1. *Contagia are produced in and given off from the system. Malarial poisons are not.*—The evidence of the reproduction of the poisons of the continued fevers is their elimination in increased quantity and in an active form. And the evidence is sufficient. A poison cannot be received into the system in small quantity and be given off from it in large, without having been reproduced there. But though increased elimination is certainly a proof of reproduction, its absence is not necessarily a proof to the contrary. An organized poison might be reproduced in, and exercise its action on, the system, without being eliminated in an active form. Its life history might be completed in one cycle of growth within the system, and itself come to an end in the course of the morbid action which it set going. Or it might be destroyed and disintegrated in the system

and thrown off by the eliminating organs. In either case it would pass from the system in a form different from that in which it entered it. It is certain that in malarial fever the poison is introduced from without. It is probable that this poison is an organism. If it be so, its action is likely to bear a relation to its organic growth.

The phenomena of these fevers are, indeed, such as can scarcely be explained on any other view. A short residence—even one night—in a malarial district may give rise to a fever of some weeks duration. If during one night the patient inhales enough poison to cause so prolonged an attack of fever, if the whole of the poison requisite to the production of such an illness exists in the system at the commencement of the attack, he surely should be killed right off by it. Again, if the dose taken suffice to cause the fever, why does it not go on acting? Why are there intermissions and remissions? Why is the patient one day in a raging fever, and the next day free from it? And why, in the absence of treatment, does this alteration of pyrexia and apyrexia go on indefinitely?

If the whole of the poison necessary to the production of all the phenomena of the malarial fevers existed in the system at the commencement of the illness, they would lose their intermittent and remittent character, the full effects of the poison would be produced at once, and their phenomena would be concentrated into one violent attack of fever which could scarcely be recovered from.

It is impossible to explain the phenomena of the malarial fevers on the supposition that the whole of the poison necessary to the production and full development of each exists in the system at the time of its onset.

Their varying course, their often increasing severity, their prolonged duration, and their small mortality, can be fully accounted for only on the view that their poisons are reproduced and destroyed during the course of the maladies to which they give rise—that which produces the symptoms of to-day has to-morrow ceased to be active, but has given rise to an offspring which keeps up the action which its parent set agoing, and in its turn hands down to its offspring the same morbid properties which itself received.

Such reproduction is peculiar to organized structures. That the poisons of malarial fevers are somehow destroyed in the system there can be no reasonable doubt. They enter it from without; they are almost certainly reproduced therein, and they are not eliminated in an active form. They must, therefore, be destroyed and disintegrated. The only alternative view is that they remain permanently in the system, and that is an untenable position.

It seems to me that we must accept the view that malarial poisons are destroyed, probably in some of the eliminating organs, and that the products of their destruction are eliminated with the ordinary excreta. The presence of these products in the system may partly explain the unusually copious urinary deposits which are noted in connexion with intermittent and remittent fevers. The fact that malarial poisons are not eliminated in an active form does not prove that they are not reproduced.

2. *Malarial fevers are not communicable from the sick to the healthy.*—Communication of a disease means the passage of its poison from the

bodies of the sick to those of the healthy. It therefore presupposes the elimination of that poison in an active state. Malarial fevers are not communicable because their poisons are not so eliminated. Non-communicability is at once the proof and the necessary consequence of non-elimination in an active state.

3. *Malarial fevers have an intermitting indefinite course, and an irregular period of duration*—The poisons of the continued fevers and of malarial fevers, if organisms, are also parasites. As such they require for their development something more than the bare materials requisite to organic growth—something which they find in their nidus, and which is as necessary to their reproduction as are nitrogen and water to their organic growth. The materials requisite to organic growth exist all over the body, and are practically unlimited. The special material which the poisons find in their nidus (and which for convenience sake we call the second factor) is not so. It exists only in the nidus in definite and limited quantity, and may therefore be readily exhausted. In typhoid fever, for instance, it is limited to the intestinal glands; in small-pox to the skin. So long as any of this second factor exists, the poison continues to be propagated, and the febrile symptoms are kept up. When it is exhausted, the system no longer possesses the necessary nidus—no longer presents to the poison the conditions requisite to its continued action—its propagation ceases, and the fever comes to an end.

The quantity of the second factor is not the same in all persons. It has an average, however, and the period requisite for using up this average represents the mean duration of the malady. If the quantity be large, the contagium finds a rich field for its propagation and development, and the resulting attack is prolonged and severe; if small the field is a poor one and the resulting attack is short and mild. The course of the continued fevers is continuous and regular, because the quantity of the second factor in the nidus does not fluctuate during the course of these fevers; and because, therefore, the contagium goes on being reproduced, steadily, continuously, and without break or intermission, until the nidus is exhausted.

Their period of duration is definite, because the second factors necessary to the propagation of their poisons exist in limited and definite quantity, are exhausted in a given time, and when exhausted are reproduced tardily or not at all.

In typhoid fever, for instance, the second factor necessary to the propagation of the poison of that disease has its seat in the intestinal glands. In the absence of these glands (as in infancy, in old age, and after their destruction during an attack of typhoid), the typhoid poison has no action on the system; it is as impotent for evil as is the poison of small-pox to one who has already suffered from that disease. At the commencement of an attack of typhoid fever these glands contain a certain quantity of the second factor. This quantity must be both definite and limited, because the size of the glands is so. It is because its quantity is definite, and not liable to vary during the course of the disease, that the fever is continuous. It is because it is limited, and is not apt to be reproduced, that the fever has a fixed period of duration.

If there existed a parasitic organism whose second factor, after having been exhausted, was readily and quickly reproduced before the first factor, the organism, was all eliminated from the system, the fever resulting from the propagation and growth of this organism would consist, not of one continued attack, but of alternations of pyrexia and apyrexia; and as the exhaustion and reproduction of the second factor might go on indefinitely, so also might these alternations. In this way there would be developed a disease having all the characteristics of intermittent fever.

If the second factor were still more rapidly reproduced, it might be thoroughly exhausted. Its quantity might only be considerably reduced, and continue to rise and fall, for some time without ever being thoroughly used up. In this way there would be produced a disease having all the characteristics of remittent fever.

If the second factor, instead of being localized, as it is in the eruptive fevers, existed in the blood, such rapid reproduction would be very likely to take place; for the blood is an ever-changing fluid containing nothing but what, when removed, is likely to be replaced.

That the second factor may exist in the blood, and may be so quickly reproduced as to give rise to alternations of pyrexia and apyrexia, is evinced by what we see in relapsing fever. This is the only one of the continued fevers in which an organism has been detected in the blood. It is also the only one in which the course of the fever is not continuous, and in which there is no characteristic local lesion. With reference to the spirilla which is found in the blood, it has been proved that it exists during the pyrexia, and is absent during the apyrexia; and there can be no reasonable doubt that the spirilla is the poison whose propagation causes the disease.*

From what we find occurs in relapsing fevers, we know that the period of pyrexia corresponds to the period of abundant propagation of the organism—the period of apyrexia to its absence. From what we believe regarding the nature of the poisons of malarial fevers, from a consideration of the phenomena to which they give rise, and from a comparative study of what is observed in the somewhat analogous case of relapsing fever, we regard it as in the highest degree probable, first, that the poisons of intermittent and remittent fevers find the second factors necessary to their propagation in the blood; second, that this second factor is at no time very abundant; third, that it is, therefore, quickly used up during the active propagation of the poison; and fourth, that when used up it is quickly reproduced. The rapid using up and speedy reproduction of the second factor have much to do with the production, not only of the characteristic intermissions and remissions of these fevers, but also with their equally characteristic indefinite period of duration. Their course is intermitting and irregular, because the quantity of the second factor essential to the reproduction and action of their poisons fluctuates and varies during the course of this action, and because therefore the quan-

*The opinion is indeed held by some that the fever is primary and the spirilla secondary—that the former induces a condition of the blood which favors the development of the latter. But if that were the case the spirilla should equally be found in typhus, typhoid, and other fevers in which the febrile disturbance is as marked as in relapsing fever. But it is found in no fever except relapsing.

tity of poison reproduced varies from day to day. Their period of duration is indefinite, because the tendency to the speedy reproduction of the second factor is not limited to a definite period of time.

In the malarial fevers, as in relapsing fever, a time comes when the renewal of the second factor is so retarded that the poison is all got rid of before that event takes place. The advent of this time marks the onset of convalescence.

One attack of malarial fever confers no immunity from a second.—The insusceptibility to the action of the poisons of the eruptive fevers enjoyed by those who have once suffered from them constitutes one of their most striking characteristics. As the decline of the fever is due to the exhaustion of the second factor, so immunity from a second attack is due to its non-production. If, after having been exhausted, the second factor be not reproduced, the system no longer presents the conditions requisite to the propagation of the contagium, and it does not act. That such is the explanation of the immunity from second attacks enjoyed by those who have once suffered from these diseases is evidenced by the fact that, as a rule, no amount of exposure to their poisons, not even their direct introduction into the system, serves to produce a second seizure.

It is to be noted that this immunity is peculiar to the eruptive fevers, that is, to those forms of continued fever in which the second factor is localized in some particular organ; and that relapsing fever, the only form of continued fever in which the second factor is not thus localized, is also the only one in which one attack confers no immunity from a second. In relapsing fever the second factor exists in the blood. Now it is evident that a lasting impression may be more readily made on a formed and solid organ than on a constantly-changing fluid like the blood. An organism which finds its second factor in the former is, therefore, more likely to produce a permanent effect than one which finds it in the latter. Moreover, it is to be observed that some of the tissues which are the seat of the local lesions of the eruptive fevers undergo permanent change in the ordinary course of nature. I would specially instance the tonsils, which are affected by scarlatina, and the intestinal glands, which are involved in typhoid fever; both of which dwindle away and ultimately disappear as years advance.

In intermittent and remittent fevers the second factor is readily reproduced, because it exists in the blood.

The same tendency to the reproduction of their second factors, which serves to account for the varying course and indefinite duration of these maladies, serves also to explain their tendency to recur again and again in the same individual. The second factor is reproduced, and with its reproduction there is a renewed susceptibility to the action of the first.

It is generally said that one attack of malarial fever produces a greater susceptibility to its subsequent recurrence. The truth is that the constitutional peculiarity which led to the first, leads equally to subsequent attacks, and the latter as well as the earlier attacks are merely the evidence of the existence of this peculiarity.—*Lancet*.

(To be concluded.)

Function of the Medulla of Bone.

The function of the medulla of bone as a blood-forming organ may be considered as well established. This discovery is not only important in itself, but it has furnished a new field for the study of the origin of the blood-corpuscles—a field which has already yielded important facts. Our knowledge of the process is, however, still imperfect, and some of the conclusions already reached will have to be reconsidered, according to a late and important investigation by Dr. Obrastow, of St. Petersburg, an abstract of which has been published. Apart from their immediate object these researches are of interest as affording a new view of the nature of the nuclei of many forms of cells. The nucleated red cells or “hæmatoblasts” which are seen in the medulla of all mammalia, are, Dr. Obrastow asserts, as many observers have believed, actually the transitional forms of the pale cells to the red corpuscles. But the nuclei, which are seen in both the pale corpuscles and the hæmatoblasts, do not exist in them, as such, during life. The nuclear substance is uniformly diffused through the entire cell. The transformation of the hæmatoblast to the red blood-corpuscle occurs by the diminution of this nuclear substance. This diminution progresses until the substance completely disappears. The nuclei seen in the hæmatoblasts and pale corpuscles are really, as Virchow long ago hinted, post-mortem appearances due to the tendency of the nuclear substance to undergo condensation. Thus we may trace an analogy between the process by which the nuclei arise, and that of the coagulation of the blood. The nuclear substance has characteristics which show a relation to, although not identity with, fibrin. The tendency of this nuclear substance to undergo post-mortem condensation is limited by the density of the medium (protoplasm) in which it is diffused, and which, as it were, dilutes it. If the total quantity of the nuclear substance does not exceed a certain minimum, it retains its diffused condition after the death of the cell. Hence no nuclei are seen, in the hæmatoblasts of healthy animals, which are smaller than two or three micro-millimetres, and the so-called “immature red corpuscles” are homogeneous, and, morphologically speaking, non-nucleated. The presence of the nuclear substance in them can, however, be readily demonstrated by means of a watery solution of methyl-violet. This quickly dilutes the protoplasm; the molecules of the nuclear substance thus lose their condition of equilibrium, and run together to form minute granules, which do not unite into a common mass, but remain isolated where they were formed. Thus the immature corpuscles, under this reagent, present only a uniformly granular appearance. In the bodies of adult mammalia the nuclear substance of the pale corpuscles begins to undergo condensation immediately after death. At this period the protoplasm still retains its intra-vital consistence, which offers no resistance to the process of condensation of the nuclear substance, if this is present in sufficient quantity. The visible expression of this process is that, in the previously homogeneous cell, usually at one of its poles, the peripheral contour is extended, and then this contour splits in two until a protoplasmic crescent is formed, which gradually enlarges, and the inclosed nucleus at the same time contracts towards that part of the cell which is adjacent to the points of the pro-

toplasmic crescent. Thus the nucleus is formed concentrically, but has an excentric position. Later on the protoplasmic ring shrinks and becomes more refractive—a change which is regarded as indicating an increased density of the protoplasm, possibly a sort of “post-mortem rigidity.” This always occurs later than the condensation of the nuclear substance. The latter can be hindered by the addition of a weak solution of common salt, or hastened by permitting slight evaporation. If the change in the nuclear substance occurs after that in the protoplasm, the former appears as a series of granules, which at first fill the cell uniformly, and then become arranged in radiating lines. They subsequently coalesce and form fibres, which contract gradually from the centre to the periphery, until they are collected into a central nucleus, which has at first a heart-shape, and later appears as an angular shining body.

The pale cells do not undergo transformation into either hæmatoblasts or marrow-cells; the latter are distinguished from them by the circumstance that the nuclear substance assumes during life a definite morphological state—a nucleus possessing nucleoli and a denser edge. The protoplasm becomes strongly refracting, and gradually assumes a granular appearance. The pale corpuscles themselves are formed by growth from cells which may be termed “proto-leucocytes,” and consists chiefly of nuclear substance (the free nuclei). The process of growth consists chiefly in a gradual increase of the protoplasm, which progressively dilutes the nuclear substance. The “myeloplaxes” with granular protoplasm, and nuclei scattered through it, are the forms in which the medullary cells end, and by which they perish. After they have attained a certain degree of degeneration they unite; gradually their boundaries vanish, then their nuclei; and ultimately they are transformed into granular masses, which break up. The process of division of the hæmatoblasts must be regarded as a process which regulates the size of the red blood corpuscles. The extrusion of the nuclei from the hæmatoblasts takes place by the process of condensation of the protoplasm, which gradually presses out the excentric nucleus.

Such is an outline of the conclusions reached in this investigation. They are certainly to a considerable extent novel, and, whether right or wrong, will excite much attention among histologists.—*Lancet*.

On Some Important Therapeutic Effects of Chlorate of Potassium.

Dr. Alexander Harkin states (*Dublin Journal of Medical Science*, May, 1880), that this drug exercises a most potent influence on all maladies dependent on defective nutrition, secretion, excretion, aeration, and molecular metamorphosis—that it possesses the power of developing vital force in weakened constitutions, of retarding the degeneration of the tissues, and of frequently controlling the too rapid advance of senility due to climacteric conditions. He considers the *modus operandi* to be due to the fact of its two elements being oxygen and potassium, which are indispensable to the formation of healthy blood. When a solution of chlorate of potash is taken into the stomach, a portion—as is the rule with iodide

and nitrate of potash—is carried off by the kidneys, another portion passes by diffusion into the liquor sanguinis, the textures, the blood globules, and white corpuscles, a third may be supposed to part with these equivalents of oxygen in the blood, leaving behind chloride of potassium, which may be detected in the urine as well as in the blood, of which it is an important element. The dose should be a saturated solution, which is one ounce to twenty ounces of water, the patient taking one ounce of this thrice daily. Its efficacy is increased in chlorotic or hemorrhagic conditions by the addition of tinct. ferri perchloridi. As to the tolerance of the drug, only one well-marked instance was noted where it produced strangury.

As a lotion, Dr. Harkin has found the chlorate of great value, and when using it externally he always gives it internally; in burns and scalds he has found it specially useful, as also in indolent ulcers, in sinuses in the breast, in strumous abscesses, etc.

The above paper was read at a meeting of the Ulster Medical Society, and a discussion took place, at which Dr. Withers mentioned a case in which a large indolent sore had healed under chlorate of potash solution, grs. v. to the ℥j. of water, after everything else had failed. Dr. Brown had found it most efficacious in burns and scalds, and also in mammary sinuses, which were injected according to Dr. Harkin's directions.

Dr. Whitlaw had used the chlorate largely, and did not think that he could get on without it in children's diseases. In tonsillitis and pharyngitis he had found it of service, but he would caution those employing it to stop it after the urgent symptoms had disappeared, as he had found the congestion of the throat kept up by continuing the medicine.—*Glasgow Med. Jour.*

Metallotherapy.

Dr. Petit (*Bulletin General de Therapeutique*, May 15, 1880) reports several interesting cases of nervous affections, in which this method of treatment proved eminently successful. One of these occurred in a boy, aged 14, who suffered from "hysteria" with contraction of the lower limbs, general anæsthesia, and ischæmia. Faradization stimulated the capillary circulation, but did not affect the anæsthesia. The application of gold disks caused within ten minutes a return of sensibility in a zone around the point of application. This zone increased at subsequent sittings, with the result that, at the end of three months, the general sensibility and movement in the lower limbs had become normal. Disks of other metals and of wood had previously been tried, but had produced no effects. The next case recorded is that of a young woman, who had been for four years under treatment for various manifestations of hysteria. Her symptoms were anæsthesia and paresis of the left hand, anorexia, constipation, meteorism, amenorrhœa, and contraction of the flexors of the right leg. She was sensible to gold and copper. Disks of the former metal caused the anæsthesia, hyperæsthesia and contraction to disappear, but they returned as soon as the metal was removed. Subcutaneous injections of chloroxyde of gold removed the symptoms in two months, but the application of disks caused them to return, a proof that the cure was not definitive.

CASE XVI. affords a good instance of the efficaciousness of metallotherapy against hysterical contraction. The patient suffered from spasmodic contraction of various muscles, including those of the œsophagus and vagina, in a very exaggerated form. The left arm was contracted during two years; there was general amyosthenia and anæsthesia, together with hyperæsthetic points along the course of the cord. Blood did not flow on puncture of the skin, the hands and feet were constantly cold, while the patient suffered intensely from ovarian pain, insomnia, palpitation, and vomiting. Chloride of gold and sodium internally, and disks of gold placed on the limbs, caused apparently a complete cure, so much so that within a year after the commencement of treatment the patient married. The hysteria was, however, still present, as shown by the fact that shortly after marriage a most intense vaginismus became developed. This was cured, after the failure of other treatment, by chloride of gold and sodium, and the topical employment of gold cylinders gradually increasing in size. A curious feature in the case was the fact that, simultaneously with the employment of gold anklets, the sensation of intense cold in the feet was no longer felt, the patient being able to dispense with the hot jar which had previously been necessary all the year round.

CASE XVII. is that of a female, aged 40, who suffered intensely from vesicle spasm, and in whom the passage of a catheter frequently occasioned convulsions and syncope. So much did the patient suffer, that she would sometimes remain two or three days without eating or drinking, in order, if possible, to avoid catheterization. In this case gold aggravated the symptoms, while silver and iron had the effect of at once putting an end to them. Within one hour of the application of disks of the above metals, micturition took place spontaneously and without pain. Subsequently, on various occasions, when employed they always yielded the same successful results.—*Lond. Med. Record.*

Epithelioma of the Rectum Removed.

I. C—, aged 64, married, was admitted into St. George's Hospital, under the care of Mr. Rouse, in May last, with an epithelioma of the rectum of about six months' growth, situated on the left side of the bowel, about one inch above the anus. The growth was flat, sessile, of about the area of half a crown, and limited to the mucous membrane and the submucous tissue. The deeper parts felt apparently uninvolved.

On June 17th, Mr. Rouse removed the growth in the following manner. A curved incision, an inch and a half in length, was made, just outside to the external sphincter, and parallel to the outline of that muscle. The skin was then dissected up outwards for a short distance, so that the outer circular fibres of the sphincter were exposed. The muscle was then drawn over towards the middle line. By introducing the finger into the rectum, the growth was pressed into the external wound, and it was then cut out, together with that part of the wall of the rectum to which it was attached. In this way an opening, about the size of a half-crown, was made through the bowel. After the closure of the skin wound, but a small cavity could be felt, corresponding to the former situation of the growth. The hemorrhage was very slight,

Opium was given in order to keep the bowels confined for some days. The recovery was almost uninterrupted. For some few days slight feculent discharge took place from the wound, but after about three weeks this had completely ceased, and the patient then had entire control over the contents of the rectum. As a matter of fact, scarcely any feces escaped, but the suppuration resulting during the granulation and closure of the cavity possessed a fecal odor. When the patient left the hospital, about a month after the operation, the power of the sphincter was perfectly normal. The general symptoms were much relieved.

Remarks.—The advantages of this mode of operating, in suitable cases, are obvious. In the instance described above, it is true, the growth was of small extent and limited to one side of the bowel. There seems no reason, however, why this operation should not be equally applicable to growths of much larger size. The advantage of preserving the sphincter intact is patent. No doubt, in some cases an operation of this nature might advantageously be substituted for complete removal of the lower end of the rectum. Certainly numerous cases have been recorded where no incontinence of feces followed the latter proceeding; but still this method of operation gives the patient additional security against a highly unpleasant condition, without any additional concomitant risk.—*Lancet*, Oct. 2, 1880.

Break-bone Fever in Charleston.

The symptoms vary exceedingly—some being present and some absent—as follows: The disease generally begins with a feeling of coldness, or by a chill, followed by fever; this, with a temperature ranging from 100° to 105°, lasts generally from 24 to 48 hours, occasionally extending to four or five days, and even in rare cases to seven. Relapses occasional, specially in those who have gone out too early. Headache frequent, generally frontal, from the beginning. Miliary eruptions, sometimes elevated and red like measles, and the occasional presence of *sudamina* over the face, neck, and body. Sometimes the eruptions were confined to the body, and endured for days after recovery. We have seen some examples of slight desquamation—furfuraceous or branny in character. Profuse sweating in many persons, though often absent. Hence some physicians are inclined to consider the disease to be *suetle miliare* of a mild form. “Break-bone” is the best name, because pain in the bones and limbs is the most constant symptom. There is often great restlessness during the fever, and in some a feeling of tightness or congestion about the throat, with bleeding in a few cases known to us. Catarrhal symptoms are rarely present, although cough has occasionally existed. Bleeding from the nose not unusual in children, and also increase in the menstrual molimen has been observed. Pain in the back and limbs markedly present, but no decided swelling of joints, no carbuncular enlargements or boils, as in the epidemic of dengue, of 40 years since, or in that of “break-bone,” which followed some years subsequently. Weakness and prostration have been very decided, but not nearly to such an extent as in previous epidemics. Some of the physicians consider that there has been a tendency to hepatic torpor or congestion, of no great severity.

however. We have heard of no cases of decided jaundice. Nausea and vomiting seldom occur.

The disease does not affect all the members of a household, oftentimes only one or two being seized, though we have known six to be taken in one house; in this respect differing from the dengue, as described by Prof. Dickson, and from the epidemic seen by us some thirty years since. Then 10,000 were down; no one was well enough or strong enough to help his neighbor, and one had to learn to walk over again.—*Dr. Porcher in National Board of Health Bulletin.*

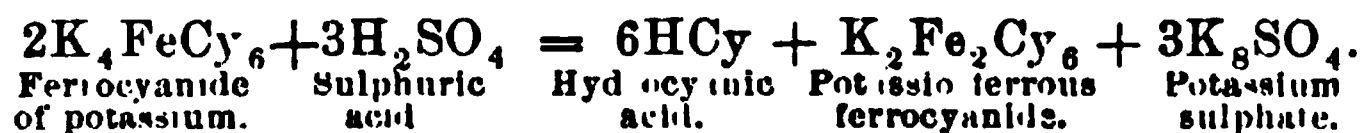
Hydrocyanic and Hydrosulphuric Acids. By J. U. LLOYD.

[From advance proof-sheets of the "Chemistry of Medicines," and published by permission of the author.]

HYDROCYANIC ACID.—Formula, HCN (or HCy). Molecular weight, 26.98. *Synonym*—Prussic Acid.

When the salt known as cyanide of mercury is heated it decomposes, the metallic mercury being liberated, and a gas escaping which has the composition C_2N_2 (cyanogen gas). This gas contains, in each molecule, two molecules of the acidulous radical (CN) of hydrocyanic acid. This acidulous radical is called cyanogen and often represented by Cy, therefore, we have the formula HCy for hydrocyanic acid, meaning cyanide of hydrogen. Anhydrous hydrocyanic acid may be obtained by passing dry sulphide of hydrogen over cyanide of mercury heated gently in a glass tube, the gas being led into a freezing mixture where it condenses as a colorless liquid. This is very volatile, possesses a feeble acid reaction and a powerful odor, resembling bitter almond oil or peach kernels. It is one of the most fearful of known poisons, the inhalation of its vapor being almost instantaneously fatal to animal life; therefore, the utmost care must be used in experimenting with it, few being willing to run the risk of its production.* When largely diluted it constitutes the—

Officinal Diluted Hydrocyanic Acid.—This contains two per cent. of anhydrous acid,† and is made by distilling a mixture of ferrocyanide of potassium, sulphuric acid, and water.—



The distillation must be conducted slowly, owing to the tendency of the retort to "bump," often with sufficient violence to break the retort. This acid is liable to decompose and turn black, even though securely sealed and protected from the light. This trouble, according to experiments, may be overcome by adding alcohol instead of water to the distillate, for the distillate is concentrated and must be reduced to the percentage required. Hydrocyanic acid may be obtained by the decomposition of several cyanides. The U. S. P. recommends that 50½ grains of cyanide of silver be added to a mixture of 41 grains of hydrochloric acid and

* Scheele, who discovered this acid, died suddenly while conducting some investigations, and it is supposed that he was poisoned by the vapor of the acid.

† Scheele's acid contains from 3 to 5 per cent.

one fluid ounce of water, and after being well shaken together, permitted to settle, when the clear solution may be decanted from the chloride of silver, which precipitates.

Tests.—In cases of poisoning by hydrocyanic acid, the characteristic odor of the acid is said to be usually distinct and unmistakable about the mouth and nostrils of the deceased, often perceptibly pervading the entire room. This acid is detected chemically by several simple and unmistakable reactions. With solution of nitrate of silver it throws down a dense white precipitate, which blackens by exposure to light, but not so rapidly as precipitated chloride of silver, the odor of the acid disappearing if the silver solution be in excess; it dissolves in boiling nitric acid, (chloride of silver does not,) and decomposes at a red heat, yielding metallic silver; chloride under the same condition simply fusing.

Scheele's test is to mix the suspected liquid with a few drops of solution of ferrous sulphate and an excess of hydrate of potassium, then stir well in a shallow vessel for ten or fifteen minutes; this will form Prussian blue mixed with precipitated oxide of iron; the addition now of hydrochloric acid will dissolve the oxide of iron, and if hydrocyanic acid be present, will leave a blue insoluble precipitate (Prussian blue). It must be remembered that hydrocyanic acid rapidly decomposes in the stomach, and it is said is completely destroyed within twenty-four hours after death. Therefore, the examination of the contents of the stomach can not be deferred as with most other poisons.

Diluted Hydrocyanic Acid is often used as a poison. Although necessarily weaker than the anhydrous, it is violent and rapid in its action, the vapor being sufficient to occasion serious effects. The writer unconsciously inhaled the vapor while distilling the acid, and was suddenly overcome by a depression, stupor, and inability to stand. There was no pain or sensation of warning. Fresh air immediately removed the dizziness. The after effects were not unpleasant.

Antidote.—When prussic acid has been taken in sufficient amount, its action is so rapid as to preclude the use of antidotes of a chemical nature, authenticated instances showing that it poisons even in the act of swallowing. Immediately pour a stream of cold water from the height of five or six feet upon the spine and back of the head of the patient; and artificial respiration may be resorted to if there is any hope, and weak ammonia applied to the nostrils. If there has been any considerable amount swallowed there is no hope; death will be almost instantaneous. Physicians and druggists can not be too cautious regarding this substance so antagonistic to animal life. It resembles distilled water in appearance, has an agreeable peach-pit odor, is apparently harmless, and is liable to be taken by children or others without exciting suspicion. The salts of hydrocyanic acid are called *cyanides*, and the cyanide of potassium is extremely poisonous, often being used with suicidal intention, and the attempt is usually a success.

HYDROSULPHURIC ACID.—Formula, H_2S . Molecular weight, 33.98. *Synonyms*—Sulphide of hydrogen. Sulphuretted hydrogen.

This is a gas at ordinary temperatures, colorless, heavier than air, three volumes, dissolving in one volume of water at ordinary temperature. It

condenses at -74°C. (-101.2°F.) under the pressure of seventeen atmospheres, into a colorless liquid which freezes at -85°C. (-121°F.) to a mass resembling ice. It has a disgusting odor, resembling spoiled eggs, burns with a pale-blue flame, and reacts slightly as an acid, reddening blue litmus. It is found in the waters of so-called sulphur springs, and imparts to them the odor of spoiled eggs.

Sulphide of hydrogen may be readily made as follows: Into the chemical flask A, place a few pieces of sulphide of iron, and close the mouth of the flask with a stopper fitted with the funnel tube B, and a bent glass tube, which latter leads to the pneumatic trough C. Now pour through the funnel tube a mixture of sulphuric acid one part, and three parts of water; the sulphide of hydrogen (gas) will be at once and regularly evolved, until the sulphide of iron is decomposed, or the sulphuric acid is saturated; thus:—



Sulphide of hydrogen is not used as a medicine, if we may except natural mineral waters. It is exceedingly deleterious and even poisonous, if inhaled in large amounts, and therefore should be prepared in the open atmosphere or under a flue with a good draft. Faraday states that an atmosphere which contains one-fifteen hundredth of this gas will destroy the life of birds, and that dogs die when it contains only one-eight hundredth part. Sulphide of hydrogen forms *sulphides*.

PROFIT AND PRINCIPLE.—Straws, says the *Homœopathic Review*, show which way the wind blows. The straws observed by the *Review* are two significantly-worded advertisements which had appeared in a recent number of the *Lancet*. Both referred to practices for sale. One advertiser, describing the necessary qualifications of the purchaser, says, "he must be liberal minded and have no scruples about medical systems." The *nom de plume* he takes is "Eclectic." The second, who assumes the same designation, describes his practice as one "established five years on Professor Ringer's system"!

Statistics of Two Hundred and Fifty Cases of Cancer of the Breast.

Dr. Oldekop publishes an extended report of 250 cases of carcinoma of the mamma, which were treated in Prof. Esmarch's wards in Kiel between the years 1850 and 1878. Of these cases 21 were not operated on. Of the remaining 229, 23 died in consequence of the operation; in 109 the tumors returned; in 43 the tumors did not recur, some of these patients being still alive, while others have died of intercurrent diseases; in 54 the patients were lost sight of after they left the hospital. The majority of the patients were between 46 and 50 years of age; the average age at which the disease first made its appearance was 48.4 years. Of the patients, 208 were married, and 30 single. Of 103 who had borne children, 36 had suffered from puerperal mastitis. In 9 cases the tumor developed from nodules left by previous mastitis. The statements with regard to previous injury were uncertain. The cancer affected the right breast in 123 cases, and the left in 102. The upper and outer half of the gland was most frequently affected. In 11 cases hereditary predisposition existed, and in 60 cases it could be positively excluded. In 31 cases in which the axillary glands were not involved, the average duration of life after the operation was 45.1 months; period of freedom from relapse 6 months. In 57 cases in which the glands were involved, the average duration of life after the operation was 34.8 months; period of freedom from relapse 2.5 months. The average duration of life from the first appearance of the disease was, in the cases not operated on, 22.6 months, and in the cases operated on, 38.1 months. On 225 patients, 287 operations were performed, with 23 deaths. Out of 184 operations performed before the introduction of Lister's method, there were 16 deaths, a mortality of 8.7 per cent.; out of 77 performed under antiseptic precautions, there were 7 deaths; a mortality of 9.1 per cent. The average period of convalescence was formerly 5.2 weeks, but after the adoption of Lister's method it fell to 4.6 weeks. In 40.9 per cent. of the patients the entire mamma with the glands was removed (mortality 13 per cent). Of the 23 deaths from the operation, 12 were due to accidental surgical diseases, 4 to collapse and secondary hemorrhage, 1 to pneumonia, and 6 to causes that could not be clearly ascertained. Erysipelas occurred 15 times, and proved fatal in 5 cases. In 46.4 per cent. of the cases the recurrent tumors appeared within the first three months after the operation; after that period the recurrences diminished steadily in frequency, and after one year they only occurred in 18 cases, or 16 per cent. A reappearance of the tumor after three years' interval was only observed in one case, and in that there was some room for doubt. Hence three years may be regarded as the limit for the appearance of recurrent tumors. If this be accepted as correct, 23 of Esmarch's cases may be regarded as definitely cured. The seat of recurrence was far more frequently the cicatrix than the axilla; and when the operation was limited to the removal of axillary glands, the recurrent tumors generally appeared in the axilla. Dr. Oldekop concludes his paper with brief synopses of the histories of the 250 cases.—*Langenbeck's Archiv. Sc. Am. Supp.*

EDITORIAL.

And yet Another.

And yet another added to the procession of years, with its toils and cares, its rewards and its pleasures. It is hardly worth our while to say that the physician's life is laborious, and that its cares outweigh those of other pursuits. Those of us who have worn the harness for years, have no need to be reminded of this, and even the beginner in medicine must have had it impressed upon him. Yet we should be able to say that it has rewards and pleasures in full degree, and that they more than compensate for the toil and care.

Some are more fortunate than others—seemingly born to good fortune; others are seemingly unfortunate in everything they touch—they are born to ill-fortune or bad luck. But this is only an appearance. The one works for good fortune; he is diligent in study, careful in observation, correct and methodical in all his habits, and forces "fortune" to help him along. The other is "waiting for something to turn up," dislikes study, finds it easier to let things go easy, is a poor observer, and never does things to-day that can be postponed until to-morrow.

Each of us can recall these two classes of persons, and we will be very apt to find them "lucky" or "unlucky" as they are sorted up. We may get a little nearer home, and find ourselves in one or other of these two classes. May we all find ourselves among the "lucky ones," and if not, let us recall the old maxim that "diligence is the mother of good luck."

And yet another is coming—a year from the storehouse of the future, which we will hope is to be better than any we have seen. The years of the future are plastic, and take the forms that people give them. We give the year character, and to a certain extent it will be good or bad as we make it. True, there are many things beyond our control, but if we have looked after those we can control, we have done our duty.

We live in a very much better age than the people of even a quarter of a century ago. This is a good country, a good people, and the impulse of the masses is in the right direction. In the practice of medicine, things are a hundred-fold better than in 1850, and in our school especially we have advantages that should lighten our labors, and give us better returns for them.

In so far as the *Eclectic Medical Journal* has any influence, we propose to make the coming year a better one than any we have had. Our practice is good, but it may still be much improved. Our present knowledge of disease and remedies is good, but there is much yet to be known about the one and the other. I do not think one does his duty, who fails to exert himself to still further improve the practice of medicine. And what shall we say of those who want to go backwards rather than forwards?

Blood-Letting Redivivus.

The *Journal* has noticed the fact that there is a movement in favor of blood-letting as a means of cure, and I have no doubt that it will come into favor with some, and it is possible that all the old antiphlogistic

means may find favor. Indeed it would not surprise me if some of our Eclectics (?) who wish to be liberal and regular should run after it as they do after large doses of unpleasant drugs. It is quite as comfortable to be bled to death as to be physicked and quinned to death.

But to our mutton. The leading article in a recent *St. Louis Clinical Record* puts the matter in a very plain light, and the writer is enthusiastic in his advocacy of blood-letting, and takes pneumonia as a typical disease to illustrate the treatment. He says:

"Inflammation of the lung, when left to nature, runs a certain definite course, and cannot, after passing a certain stage, be aborted or cut short. Owing to the anatomical structure of the lung, we are able to trace it from incipency to resolution. In pneumonia we are able to determine the daily progress of the disease and of our treatment. This cannot be said of inflammation of any other organ except the eye.

"Now if it be true, as we cannot doubt, that exudation of blood into the cellular tissue and air cells of the lung kills the patient, then the fight should be, if possible, to prevent this. For, as I stated before, when once this engorgement has taken place, there is no known remedy that will hasten its removal.

"I undertake to say, that men die in pneumonia from inflammation of the lung, and that engorgement of blood is the first step in the destructive process, and that the only efficient means in our power to prevent congestion and its consequences is to cut off the supply. If a stream, flushed with a heavy rain, was overflowing its banks, tearing away dams and bridges, and we could at once cut off the supply, would not all trouble cease at once? It in a given case of pneumonia that proved fatal from engorgement, from destruction of lung tissue, from paralysis of the absorbents, or heart clots, we had, by a timely and sufficient bleeding, cut off so much blood as to have averted these events, could any body object?

"I say, that seventy-five per cent. of the men and women who have died of pneumonia in this district during the last decade, would be walking over God's earth to-day, had they been properly bled. If there be any disease in which it may be said, 'an ounce of prevention is better than a pound of cure,' it is pneumonia.

"Our fathers believed that, to get rid of disease we must remove the cause. They practiced on this principle for two thousand years, from Hippocrates down for sixty generations. But some forty or fifty years ago somebody discovered that blood was not blood, and that inflammation was not inflammation. The microscope revealed the fact that so-called inflammation was only a stoppage of the blood in the vessels in consequence of debility and feeble heart action—that our fathers were fools for cutting off the supply; that stimulation was indicated to enable the heart to force the blood on. Another set of men said 'blood was the life,' and must all be kept in a sick man. So they set to work to paralyze the heart with aconite and veratrum, and so keep the blood in the patient and out of the diseased organ.

"Now what is the result of this nineteenth century advance in science, in medical practice and therapeutics? Death! Death! Seven-eighths of the adults who have died in this district during the last six months died of pneumonia. In my own county you may take a strip of country three miles wide, along the Missouri river from Brunswick to Glasgow, and there are not ten men alive there now who were alive there twenty years ago, and nearly every one died of pneumonia. Not one of the men lost a drop of their precious life's blood. They went to their graves with it all in 'um,' and with their bellies full of whisky, quinine, carbonate of ammonia and veratrum.

"Pneumonia is the opprobrium of the medical profession to-day. It is more fatal than cholera was in its palmyest day. I know one neighbor-

hood in which there were nine cases of pneumonia and nine deaths, all treated on the vaso-motor, heart way plan.

"Gentlemen, shall we go on, year after year, killing men and women, following the vain conceits of Todd, or Brown, or Jurgensen? Is a doctor born like a bull, with a ring in his nose, to be led about? If blood is the life in health, it is death in disease. The ghost debility is filling our graveyards with victims. Homœopaths, expectants, cowardly doctors, have filled our land with widows and orphans. A thousand new-made graves are the dread monuments of the vaso-motor change-of-type theory.

"Authors tell us pneumonia is a disease of an asthenic type, that men die of debility, from failure of the powers of life. If this state of affairs occurs before death, what has produced it? Some *materies morbi*? Some occult cause in the atmosphere? Some essential fever? No! But inflammation of the lung did it.

"In pneumonia a timely venesection will prevent what drugs can never cure. I say bleed in the forming stage, before the physical signs are to be relied on as evidence. After the prolonged chill, a period varying from a few hours to two or three days, the physical signs reveal but little. A few mucous or sub-crepitant rales is about all that is heard on auscultation."

It is a sad state of affairs in this happy State of Missouri, but we are glad that the writer is so free to acknowledge the ill success of regular medicine. "Not ten men, in a large section of country, alive now who were alive twenty years ago." "Nine cases of pneumonia and nine deaths," in one neighborhood. This rather surpasses the reports of Chambers, Anstie, and others, who had a mortality of one or two per cent. under a treatment consisting of diet and rest.

What means do these *regulars* employ? They purge the patient to the full extent of his bowel; they give him nauseant expectorants, blister him, and give him quinine in ten-grain doses until his nervous system can carry no more, and then give him morphine to quiet him. Yes, we have had some reports from that "happy land of canaan," and this is the way they do it. Very good indeed!—"nine cases, nine deaths!"—who could ask better?—a round hundred per cent.

Our essayist draws it very mildly when he says:—

"Now what does the common country doctor say when called to a case in this stage of the disease? Why, that the man is 'threatened with pneumonia,' or he has 'something like pneumonia,' or he has a 'tech' of pneumonia.' A dose of calomel is given and the disease allowed to go on unchecked. At the next visit, pain in the side, blood and mucus, reveal the fact that the patient has more than a mere 'tech,' his vaso-motor fixings are out of gear, and down goes the inevitable aconite and veratrum. By the next visit, quinine and whisky, for debility, carbonate of ammonia to prevent heart-clot, and, if he is half eclectic, pleurisy root and gelseminum are added to the bill of fare. A grave-yard consultation is now in order—the result is, the patient is declared to have typhoid pneumonia, and is 'bound to die.'

"Gentlemen, I have seen this farce—no, this tragedy—enacted a good many times in my life. This term 'typhoid' is the scape-goat for ignorance and cowardice. If a railroad car mashes a man's leg into sausage-meat, and you don't cut it off, he will, in a few days, die with 'typhoid smashed leg.' Will men never cease putting effect for cause?"

He has a pretty clear idea in regard to the quinine mania, and does not put it a whit too strong; and, by-the-by, he is likely to hit some of our readers, I am sorry to say. He thinks "a good many pneumonic pa-

tients are killed with quinine." In truth a good many pneumonic patients and continued fever patients are killed with quinine; we agree to a dot in this, if we do not agree as to the value of blood-letting. But let us hear him, for he puts it in vigorous language.

"I think a good many pneumonic patients are killed with quinine. If there is any indication or reason for giving it, I don't know what it is. It disorders the nervous system, impairs digestion. It has no influence in preventing hepatization or hastening resolution. I know a man in my county who has complete amaurosis from taking quinine for pneumonia last winter. His doctor gave him half a bottle in twenty four hours on the 'vaso-motor,' 'inhibitory,' 'accelerating,' 'depressing,' constricting,' 'dilating,' hypothetical theory of the day. But the fashion now is, quinine, from a stone-bruise to a broken neck. If no more quinine should be used than is really beneficial in disease, it wouldn't be worth a dollar a bottle. Carbonate of ammonia and camphor will sometimes do good, often repeated, when stimulants are needed."

Finally, he quotes Prof. S. D. Gross, a most excellent authority, who also believes that blood-letting should be revived, and that the modern use of aconite, veratrum, and digitalis is a failure. A part of the quotation is as follows:—

"When blood is drawn freely from a large vein at the bend of the arm, from a large orifice, to an approach to syncope, the vessels at the seat of the morbid action are unloaded, often to such an extent that the affected structures do not exhibit any marked difference in color from those in their immediate vicinity. Thus, for example, in violent conjunctivitis, the mucous membrane, the seat of the disease, always, under such circumstances, presents a perfectly blanched appearance, however red and engorged it may have been the moment before.

"Now, what occurs in the eye, in such a case, may reasonably be supposed to take place in any other part of the body when a patient is bled to a similar extent. In pleurisy, one of the immediate effects of copious abstraction of the blood is, a mitigation of the torturing pain which forms so prominent a symptom in this disease, due, evidently, to the diminished calibre of the vessels in the pleura, previously in a state of complete repletion.

"Has any one ever witnessed such an effect from the exhibition of aconite, digitalis, and veratrum? Never! No matter how these articles may be administered, whether singly or variously combined, they are simply depressants, not depressants and evacuants, as the abstraction of blood from a vein or artery; there is no blanching of tissue from their use; no unloading of distended and crippled vessels; indeed no appreciable effect of any kind."

Veratrum this Winter.

My experience is that Veratrum will be more generally indicated, and will serve a better purpose than Aconite this winter. With us acute disease of the respiratory apparatus is bronchial rather than of the parenchyma of the lungs. In some cases the capillary bronchial tubes are principally involved, and the whistling sounds are so marked as to annoy the patients.

If the patient complains of pain in the chest, and the pulse is full and hard, with flushed right cheek, or deep flush of face, the prescription is, R Tinct. Veratrum gtt. v. to gtt. x, tinct. Bryonia gtt. x, water ℥iv.; a teaspoonful every hour.

If the patient complains of sharp pain or burning in the chest, with frontal headache, and red papillæ on tip of tongue, the prescription will be—℞ Tinct. Veratrum gtt. v., tinct. Rhus gtt. v. to gtt. x., water ℥iv.; a teaspoonful every hour.

If the reader will bear in mind that the dirty tongue can not be cleaned with podophyllin and other cathartics, or with emetics, he will get along with his patients better. The remedies to clean the tongue are the sulphites or sulphurous acid. Sulphite of soda in ten-grain doses every three hours, if the tongue is broad, pallid and dirty; sulphurous acid in doses of half a teaspoonful every two or three hours, if the tongue is red, moist and dirty.

I insist if one is to expect the kindly action of *straight* remedies, the stomach and bowels must be kept in good condition. We can not expect the curative action of Veratrum and Bryonia, if the stomach is disturbed by nauseant expectorants, as we can not expect it if the bowels are disturbed with cathartics, whether calomel or other nastiness.

If there is distinct periodicity, let quinine be given when the patient is prepared for it. If there is no periodicity, let the quinine bottle be put to one side. This continuous giving quinine day after day, without rhyme or reason, is one of the follies of the day, and the sooner our school of medicine frees itself from it the better.

From the misuse of nauseants, cathartics, and quinine, comes a condition of unrest and sleeplessness, and the doctor who runs in a rut thinks that this requires morphine, and gives it to the detriment of the sick. If the patient is treated with the small dose of direct medicine, he will rarely need anything in the shape of a narcotic.

Aconite Poisoning.

I have had several cases of aconite poisoning in my practice, notwithstanding that I employ small doses. Do not understand that they were poisoned to death, for it did not go that far, but it went so far as to produce very unpleasant symptoms.

Some persons are very susceptible to the action of aconite. In my own person I am so sensitive to it that I can never take it in larger quantity than one or two drops to water ℥iv. In the proportion of gtt. v. to water ℥iv., a teaspoonful every hour, it produces an extremely unpleasant parching heat of lips and throat, and finally such a sense of constriction in the fauces and throat that it seems almost impossible to breathe. Children are occasionally affected in the same way, and not knowing what the trouble is, they get excited and struggle, and one might suppose that the patient was in imminent danger.

I recall a case many years ago, of a child some four years old, who had been taking aconite gtt. iij., ipecac gtt. x., water ℥iv, a teaspoonful every hour, for a pneumonia, and was getting along very nicely, when these throat symptoms occurred. The child was much excited, and the parents very much alarmed, and as they could not get me at once, they called the nearest physician, who pronounced it the severest form of diphtheria. I was at the house in the evening, and the aconite having been stopped,

the symptoms had nearly passed away, and there was not the shadow of throat disease.

I had a case but a few weeks ago, in which the little fellow (five years old) suffered terribly, and tore at his mouth and tongue as if he would tear out the tissues. He had had a most intense fever, and had been taking aconite two days in the proportion of gtt. v. to water \mathfrak{z} iv., a teaspoonful every hour. I recognized the difficulty at once, and substituted veratrum for aconite, and ordered a mucilage of gum arabic with lemon juice, and in a few hours he had rest.

Worthless Medicines.

Our country is flooded with worthless medicines. They range from the veriest *nostrums*, which are vouched for by respectable physicians, to the dirtiest of dirty fluid extracts, which are sold to retail druggists at "prices below competition." It seems strange to me that physicians should buy such stuff, or should send their prescriptions to those who deal in it. Nothing can be gained from worthless medicines, and the man who uses them will eventually lose his reputation, if he does not sacrifice the lives of his patients.

A student came into the office some three weeks since, saying that his room-mate had a very sore throat, and he thought it was diphtheria. After he had described his case, I said, give him aconite and phytolacca. "But he has been taking this for two days, and he is growing worse," he replied. "Where did you get the medicine?" I asked. He named a first-class prescription store, where he had purchased \mathfrak{z} ss. of tincture phytolacca; the aconite he had in his pocket-case. The bottle of phytolacca was brought up, and it was as black as tar, and had no property of the agent—it was simply nasty, and as worthless medicinally as that much fecal matter. A good medicine was given in place of it, and the patient's throat improved at once.

I have no sympathy for the makers of worthless or inferior medicines, and I have no regard for the name "fluid extract," which covers a multitude of sins. If we ever have a pharmacopœia, I hope the name will be dropped; if not, I shall wash my hands of the aforesaid pharmacopœia.

Nasal Catarrh.

We have a great many cases of this disease to treat, and the means employed are not as successful as we could wish. Sometimes we cure a case radically; in a large number we relieve them for the time being, but in a few weeks or months, or at furthest the next season, the disease returns with a "bad cold." I am not sure but a moderate catarrhal discharge is sometimes of advantage to persons who have a tendency to consumption. but this is a disputed question.

In some cases a general treatment is of advantage. I have had benefit from rhus and phytolacca, and in a few cases I am satisfied that it did more towards a cure than the local application. Then I have used rumex, alnus, and scrophularia, with good results, as I have the hypophosphites and arsenic.

I prefer the spray apparatus in the use of local remedies. I have used Chapman's nasal spray, and if well made it is an excellent instrument. The Essex Co. make a very good instrument at a very low price, \$2, and now I believe as low as \$1.50. Recently I have received an instrument from Dr. Elliott, of Minneapolis, which I think will prove good, and which is sold at \$2.

The remedies I recommend with the nasal spray are—R Salicylic acid gr. x., borax gr. x., water ℥iv. R Salicylic acid, chlorate of potash, aa. gr. x., water ℥iv. R Sea salt gr. xx., water ℥iv. Pond's Hamamelis. An infusion of equal parts of alnus, rumex, and quercus rubra.

Constitutional Syphilis without having had the Primary Disease.

It is a matter of very great interest to the profession and to the public to know whether secondary syphilis (constitutional syphilis) can be transmitted from one person to another. The weight of authority is, that it can not be so transmitted; that a person to have secondary syphilis must have had the primary disease.

Two exceptions to this rule are admitted by most authorities. In the one, the disease is transmitted by the father to the mother through pregnancy, the syphilitic poison being introduced through the foetal circulation. In the second, there has been no primary sore—chancre—but the syphilitic virus has been absorbed by the lymphatics of the genitalia, and the lymphatic glands involved. In some of these last cases the lymphatic glands are so involved as to give what is called a primary bubo, *bubon d'emblee*.

I am satisfied from my experience that any phase of secondary syphilis, where there is a secretion of pus or muco-pus, may be so transmitted. So convinced am I of this, that I believe extra precautions should be taken to prevent the propagation of the contagion. I think I can count a score of physicians who have been infected with syphilis from contact with the secondary disease, never having had the primary, and in some of them the results have been most serious. I am sure also that I can count more than this number of patients who have come under my care for the treatment of constitutional syphilis, but who have not had the slightest trace of the primary disease.

I have seen a number of cases where the woman has been affected through the foetus, the father having secondary syphilis. I have two such cases under treatment now, in which the worst phases of secondary syphilis manifested themselves one and two years afterward, without a trace of primary disease, or even a suspicion that there had been anything wrong at the time. It is hardly worth while to describe this class of cases further, for the fact is pretty generally admitted. We will therefore take the rarer cases.

CASE 1.—A young lady of good character consulted me with reference to a sore mouth and throat, and an unpleasant skin disease. The symptoms were characteristic, and I pronounced it syphilis. She was highly indignant, and protested her innocence of any wrong doing, and insisted

on a thorough examination to prove her innocence, as did her mother. The examination was made, and the genitalia were free from all trace of primary disease, and besides that, the hymen was intact; the evidence was conclusive that she had never had intercourse. But she had kept company with a man who had been under my care with secondary syphilis, showing itself in ulceration of mouth and throat, and she admitted that he had been a persevering kisser. Here was the explanation.

CASE 2.—A young German woman came to me many years ago, bringing a child that she was wet-nursing, to consult me with reference to sore nipples and sores on the breast. The child was suffering with congenital syphilis, and died of it within the year; the mother a prostitute, and the father syphilitic. The nurse had the regular succession of syphilitic symptoms, but was eventually cured.

CASE 3.—A married woman applied to me for treatment, having sore throat and syphilitic eczema, with characteristic copper-colored discolorations. She had never had a trace of primary disease, and her husband thought he was entirely well, as he had not seen a symptom for over five years before marriage; but in a year afterward he had a very unpleasant nasal catarrh and sore throat, which still continued. She had never been pregnant, and I could only account for her disease by the transmission of the secondary syphilitic poison.

CASE 4.—A sister nursed, for some months, a brother who died of syphilitic disease of the lungs, with a profuse and very unpleasant expectoration of muco-pus and tubercular matter. She had always been remarkably healthy, and never had spot or pimple upon the skin. Afterward she suffered from syphilitic squamæ and psoriasis, enlargement of lymphatic glands, and ulceration.

CASE 5.—A gentleman brought his wife to see me who was suffering from disease of the vulva, and what they thought was piles. He had had syphilis many years before, at present suffered from syphilitic eczema of the scrotum and thighs. She had eczema of the vulva, mucous tubercles of the anus, and some copper-colored blotches on the legs. Her disease was cured by the use of iodide of potassium and Donovan's Solution, alternated week by week.

I could name other cases, but these will be sufficient for my purpose, which is to awake an interest in the subject. I concede that secondary syphilis is very rarely transmitted in this way, but I contend that there is an element of danger which should not be underrated. I should not want close companionship with a person suffering from constitutional syphilis, and professionally I use the greatest care in handling them or using instruments upon them.

Anti-Syphilitics.

[We take one of the shortest chapters from the new revision of *Diseases of Children*, part first, *Infantile Therapeutics*, because it is pertinent to the last study, and will also illustrate the method of the new work. The facts have been studied before, but it will do no harm to state them again.]

ANTI-SYPHILITICS.—The parents have eaten sour grapes, and the children have syphilis. It is constitutional, of course, and hereditary, but none the less to be looked after carefully and treated as syphilis. We might study the remedies under the head of infantile syphilis, but it could not be done so well; they have other properties which we wish to notice, and thus we wish to study again the doctrine of specific medication in the selection of remedies.

The remedies we will study here are:—

Iodide of Potassium,	Alnus,	Scrophularia,
Iodide of Ammonium,	Mercury,	Corydalis.
Phytolacca,	Stillingia,	

IODIDE OF POTASSIUM. *Specific Indications.*—The tongue is broad and of leaden pallor; in many cases the papillæ are effaced; in some the sides of the tongue are full and leaden, whilst the center shows red papillæ.

Dose.—For children we would order—℞ Iodide of Potassium grs. x. to ʒj., water ʒiv.; a teaspoonful every three hours.

With the indications as named, iodide of potassium is an admirable antisiphilitic, and a restorative as well. It improves the appetite and digestion, circulation, innervation, and excretion. If not indicated, it is likely to do harm, impairing the life of tissues, and all the functions.

It is a remedy for scrofula, low grades of inflammation with cacoplastic deposit, and chronic rheumatism, if there is the same indications. It is hardly worth while to repeat that a remedy is given to meet a special indication, and not the name of a disease.

Iodide of potassium will also be found a remedy in disease of the respiratory apparatus with asthma, in a few cases of nasal catarrh and bronchitis, and in chronic disease of the brain. It is *the* remedy for chronic lead poisoning.

IODIDE OF AMMONIUM. *Specific Indications.*—The tongue is pale and expressionless; continuous headache with dizziness; painful enlargements of bones; epilepsy from congenital syphilis.

Dose.—℞ Iodide of Ammonium grs. x. to ʒi., water ʒiv.; a teaspoonful every three hours.

Iodide of ammonium is not so active as the salt of potassium, and will only be substituted when there are the above indications. Chronic headache, with dizziness, is met by it better than with any other remedy, and so I think are diseases of the bones.

MERCURY. *Specific Indications.*—The tongue is contracted and red, (no irritability of stomach), and the skin shows vesicular or pustular eruptions.

Dose.—We never employ mercury internally except as an antidote to the syphilitic poison, and then use it in its least objectionable form, as—℞ Donovan's Solution, gtt. x., Tinct. Phytolacca gtt. xx., water ʒi.; a teaspoonful every three or four hours.

Unless one can make up his mind to use this unpleasant agent with care, he had better let it alone. Whilst it will do good in this case, and possibly in some other diseases, it has the capacity of doing a great amount of harm. Take the indications as given for iodide of potassium, and the drug will cause the disease to grow rapidly. If the indications as given above present, it will be found a valuable means of cure.

PHYTOLACCA. *Specific Indications.*—This remedy has been thoroughly studied, and attention is called to it here as an excellent remedy when the lymphatic glands are much engorged, and especially where there is ulceration of mouth and throat, with soreness.

ALNUS. *Specific Indications.*—There is deposit in and beneath the skin, with vesicular or pustular eruption; syphilitic eczema; chronic eczema.

Dose.—I prefer an infusion as an internal remedy, and as a local application, but the tincture may be used as follows: R Tinct. Alnus 3j., water 3iv.; a teaspoonful every three hours.

SCROPHULARIA.—There is fullness of the lymphatic glands, with deposit in the cellular tissue; the skin is irritable, and vesicles are produced from slight irritation, which afterwards suppurate, and the exudation forms thin crusts or scabs.

Dose.—In this case also I prefer the infusion, but the tincture may be used in the proportion of 3j. to water 3iv., a teaspoonful every three or four hours.

CORYDALIS. *Specific Indications.*—The skin is dry and rough, and is thrown off in scales; it is thickened and fissures form which are very irritable.

Dose.—I use an infusion both as an internal and as a local remedy, but we may use, R Tinct. Corydalis gtt. x. to 3j., water 3iv.: a teaspoonful every four hours.

STILLINGIA.—This remedy has been studied under the head of "Remedies that influence the Respiratory Function." We notice it here as a prominent agent where the nasal passages, pharynx, larynx, and bronchii are involved. They say "the child has the snuffles," and we find the nasal cavities are more or less closed with an unpleasant secretion. The pharynx and throat are irritable and relaxed, the velum pendulum thickened, and the uvula elongated. In such cases I usually give the tincture in drop doses on sugar, so as to get its local as well as general effect.

Falling from Grace.

We had thought our St. Louis Eclectics were believers in small doses of pleasant medicine for direct effect, and taught it to their classes, but we fear they are falling from grace. If mistaken, we hope they will correct these impressions at once, for there is no more opprobrious saying than the "dog has returned to his vomit," and the "sow to her wallowing in the mire." We take the editorial in the Nov. No. of the *American* as the text:

"Scott's emulsion of castor oil, (*hi, huh, chin chin*) to keep the bowels regular."

"Anodyne powders and subnitrate of bismuth to restrain them when inclined to run too freely."

"R—Bichromate of potash, gr. $\frac{1}{2}$, elixir eucalyptus glob., fluid extract lycopus 3ij., syrup simple 3iijss. M. S. (Shot gun). One teaspoonful every two hours."

"R—Dilute phosphoric acid 3ij., fluid ext. baptisia 3ij., syrup simple 3iijss. M. S. (Smooth bore). One teaspoonful every two hours."

"Should delirium or restlessness demand attention, teaspoonful doses of *bromidia* (a combination of chloral hydrate, bromide of potassium, hyoscyamus, and cannabis Indica) will be found of excellent service."

"It will be noticed from the above that the special sedatives—*veratrum* and *aconite*—have not been used. They are rarely demanded in such cases."

"In the latter stages, when the patient grows quite feeble, *maltine wine* may be given to great advantage. This may be regarded as both food and medicine."

Of course this is not so bad as we have seen it in the olden time, but it reads just like some ten, or more, regular journals that come to my office. Three *nostrums* are advised, which the editor advertises, and which the hard worked country doctor is expected to pay his hard earned dollars for. It wont wash, Bro. Pitzer, it wont wash.

A Case of Uterine Fibroids Relieved by Electrolysis.

A subscriber adds a P. S. to a letter giving the results of treatment advised by letter something like a year ago:

"Do you remember a case of uterine fibroid which you advised treating by electrolysis? We used first sixteen cells of Bartlett's battery, six weeks later the mass was considerably softened and used twenty-four cells, two months later thirty cells, and since that time, a year having elapsed, have had but little trouble from it, the size of the enlargement being reduced fully two-thirds, and but for a chronic lung trouble, the patient would be in good health. The treatment was most satisfactory, and the shock of operations (under partial anesthesia), very slight." E. J. M.

Purpura.

The following note from Dr. W. G. Elder, should serve to call out the experience of our Western physicians with this malady. We do not meet with it here, and I recall but three cases in an experience of twenty-five years, two in my own practice, and one in that of Prof. Howe's. The three recovered after a long treatment; the one of Prof. Howe's was as bad as I could imagine a person to be, short of death. But we will have Dr. Elder's letter:

"Can you not, through the *Eclectic Medical Journal*, give us something on *Purpura Simplex* better than in the 'Practice' of 'Wood,' 'De-wees,' Paine, Buchan, Gunn, Curtis, Flint, Thompson, Watson, Newton and Powell, etc., etc. The above works are not worth one cent on this disease. This disease is rapidly spreading in the West, in its masked form, that is, often we have all the symptoms only no petechiæ; sometimes the spots of extravasated blood show but little, the other symptoms severe. The disease is not generally understood; the wakefulness fore-part of the night and drowsiness at sun rise; the persistent wakefulness and restlessness and no pain; the stiffness in joints from exercise; appetite variable; often accompanied with scurvy; vegetable diet has not the effect on it that it has in scurvy; a gloominess of mind, bad breath, weakness, short winded, easily fatigued, age and sex no difference. Can we not have this disease or condition, so prevalent, so unobserved, yet so disastrous in the West relieved? Can we not have a word on the experience of our men in active practice, now in the field? Many works on practice describe the disease, but their treatment is worthless. The old word *cachexia* comes in on this disease; a failure of all the life powers: mercury in all its forms is poisonous to it; cathartics sometimes relieve; so also at other times astringents. I have witnessed the practice of all the schools. In twenty-five years of close observation I have never seen

a severe case cured. I refer to any good work on practice for a description of *Purpura Simplex*."

On this subject Aitkins remarks:—

"It has not been determined what is the nature of the morbid state essential to purpura. In some cases the urine has been observed to contain an excess of albuminous matter, with deficiency of urea (Combe). The blood has been found deficient in coagulating power. An examination of the blood in two cases of purpura, by Dr Parkes, showed that, with a somewhat diminished proportion of the solid constituents in general, there was a remarkable increase in that of iron. A peculiar source of danger attends this disease in the occurrence of extravasation of blood into the internal organs. The lungs, the brain, the liver, and the alimentary canal are the most frequently affected. Purple spots and effusions of blood are to be found on the serous membranes, as in the *arachnoid*, the *pleura*, the *pericardium*, the *peritoneum*; and occasionally the blood lies coagulated in the cavities inclosed by these membranes. It has also been found in the bladder and in the calyces and pelvis of the kidney (Craigie).

"I have adverted to one peculiar source of danger in purpura,—the hazard that blood may be effused in some vital organ, where even a slight amount of hemorrhage suffices to extinguish life. Dr Bateman states that he had seen three instances in which persons were carried off, while affected with purpura, by hemorrhage into the lungs" (Watson).

"SYMPTOMS.—Various symptoms, denoting general disorder of the constitution, precede the appearance of the petechiæ, generally by some weeks, such as languor, which is oppressive weariness, faintness, and gnawing pains at the pit of the stomach. The appetite is variable, generally weak, but sometimes there is an inordinate craving for food, which, when eaten, is said to lie with a weight upon the stomach. The tongue is yellowish, and coated with a viscid fur, the countenance is sallow or dingy, or has a bloated, pale appearance, with swelling underneath the eyelids. The purple spots appear first on the legs, and afterward, without any certain order, on the thighs, arms, and trunk of the body, and their presence is attended with much weakness and great depression of spirits. No degree of pressure alters the color of the spots, and they are distinguished from flea-bites by the absence of a central puncture. At first the spots are bright red, but in a day or two they become purple, afterwards brown, and when they are about to disappear they assume a yellowish tint. When the disease continues for a long time, all these varieties of color may be seen on a patient at the same time.

"The pulse is feeble, and generally a good deal quicker than natural. Deep-seated pains are felt about the epigastric region, as well as in the chest, loins, or belly. In some instances giddiness and lightness of the head prevail, especially when attempting to move or to stand erect, and there may be even dull pain in some part of the head. Constipation of the bowels, palpitation and irregular action of the heart, with a tendency to frequent syncope, are the most distressing and dangerous symptoms."

One of my patients was successfully treated with sulphite of soda in five grain doses every two hours, and minute doses of aconite. In the other case the remedies were a second trituration of charcoal, and two drops of Fowler's Solution daily. Great attention was paid to the food and to give the patients light, air, and very gentle exercise daily. In both cases quinine inunction was used for a little while.

The treatment of Prof. Howe's case extended over some three weeks, and consisted of tinct. muriate of iron, hamamelis carbo-veg. and Fowler's solution of arsenic. The arsenic was the only remedy that seemed to exert a beneficial influence. This case is fully reported in the *Journal* of 1873, page 74.

Hardening Children.

A subscriber puts the common question of persons who have feeble children—"can they be hardened by exposure"—but we will let her put the question:

If not too late to appear in December number, would you give your opinion whether children with constitutional sore throat and predisposed to rheumatism can be "hardened" by exposure. I think they will out-grow much of it, but as we have never begun to house them until they grow sick, what is to be done? They have already had five or six attacks, not light ones either, though they soon yielded to Aconite and Phytolacca, since summer. E. M. R.

I do not believe in hardening children by exposure, but I do believe that a right method of living will sometimes grow stout men and women from a very feeble commencement. The first part in such a course is, that the home and school-room should never be overheated. The second, that thoroughly clothed, they should have abundant exercise out of doors. The third, that they should have a nutritious diet, good wholesome food well prepared, and that cakes, pies and etc's, should be dispensed with.

If now there is a free use of cold water to head, neck and shoulders every morning, with thorough rubbing afterwards, and the throat gargled with a weak salt water, cold, we have a very good treatment. It is true, that in some cases, the *hot water* gargle in the morning is better than the cold.

Des Moines and Illinois District Medical Association.

At the special session of the above named Association, held at Hamilton, Ill., October 14 and 15, it was voted to change the time of holding the annual meeting from December 27, 1880, to the second Tuesday of January, 1881, in the city of Keokuk, Iowa—headquarters at Dr. Steinberger's. Special rates will be secured at the Hardin and Barret Houses, including rooms, use of parlors, etc. A good hall will be secured for the sessions of the Association and evening lectures,

All subscribers to Eclectic journals, residing in Northeast Missouri, Southeast Iowa and Western Illinois, who affiliate with the movement, will please correspond with the Secretary by letter or card.

There have been some most unjust decisions and acts, against the parent school of Eclecticism, made by the Illinois State Board of Health, and as this is a thrust at the whole body of Eclectics, this society hope to organize a body of physicians who can not well be at State Conventions and yet work with and for Eclecticism as against "regular intolerance."

By order of the President. H. M. HAMILTON, M. D., Secretary.

The College.

Thus far in the season we have 180 students in regular attendance, and a considerable number have announced their intentions to come in early in December, to make a long Spring session. We renew our yearly announcement that students can come in at any time after the first of December, and have the remainder of the winter term free of charge.

The Spring session promises well. It is in fact the graduating session, for the annual commencement is held at its close, and all diplomas bear

date of June. In every respect the Spring session is the equal of the Winter, and in some it is better. The weather is especially better, and as the days grow longer, students fill them to better advantage.

The Journal.

In announcing the new year we promise an active campaign, and some good stirring work for 1881. Inclined to be outspoken, we propose to canvass every thing on its merits, both in our own school and on the outside. The *Journal* holds definite opinions as to the best practice of medicine. It believes in small doses of pleasant medicine for direct effect, and it opposes large doses, nasty medicines, shot-gun practice, antiphlogistics, and the hodge-podge of nostrums, so industriously advertised in medical journals. If your neighbor wants a live journal, send his name in to us.

Physicians, save your valuable time by the use of our PHYSICIANS' DAY BOOK, LEDGER and OBSTETRIC RECORD. The most Simple, Practical and Cheapest method of keeping PHYSICIANS' ACCOUNTS. Records in one entry. Name and address of patient visited, date, time (day or night), disease, charges, etc. Only one entry each month in ledger for each patient and daily cash account for month. 24th edition in press. Specimen pages to any physician on receipt of stamp. Agents wanted.

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J. W. PRUITT, M. D.

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NOW IS THE TIME TO SUBSCRIBE for the large Anatomical Atlas, by J. A. Jeancon, M. D., Professor of Physiology in the Eclectic Medical Institute, Cincinnati, Ohio. Complete in 45 parts, with explanatory text: parts 1 to 25 inclusive are now ready for delivery and will be sent by mail on receipt of price, 75 cents per part. Address all orders to

Dr. T. C. HANNAH, 228 Court St. Cincinnati, O.

Receipts for Journal to Nov. 23.

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In ordering this last named preparation from your retail druggist, or from jobbing houses, be very careful to specify "*Fluid Hydrastis*."

Please observe that watery solutions of Golden Seal, combined with molasses, and sold under various names, are not "*Fluid Hydrastis*." The many attempted imitations of our preparation have been noticed at length in a previous paper.

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N. B.—Send for our circular, giving "Indications for the use of *Fluid Hydrastis*," and for our Pamphlet Prices Current, giving full list of all our preparations.

OMRO, Wis., Oct. 1, 1880.

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Yours Truly,

J. HOOVER, M. D.

We have taken the liberty of publishing the above extract from a letter received in the regular course of business. It is a correct representation of a feeling which has its growth in the desire of physicians to obtain the *best* preparations for the least money, without regard to the name by which they are sold.

Again we say to physicians, as we have done in a previous number of this Journal, if you desire *reliable medicines*, make a trial of the Green Label Preparations of Wm. S. Merrell & Co.;—if you desire *pleasant medicines, easily administered*, use Wm. S. Merrell & Co.'s Green Label Preparations;—if you have been disappointed in the thick, black, nauseous extracts of the market, try the pure, concentrated, reliable Fluid Extracts of

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Leptandrin. This we make by precipitation with water from alcoholic solution, the resin thus produced being dried and powdered. Of late years a demand has been created for a concentration which contains the *bitter* and other principles of Leptandra in addition to the resin, and most physicians prefer this form, as it is said to more thoroughly represent the fresh root in therapeutical action. This we supply at the price of dry resin, 48 cents per ounce, vial included.

Cimicifugin. (Macrotin.) This, as made by us, is a resinous substance obtained from *Cimicifuga racemosa*. It is in much repute among *eclectic physicians*, who are much pleased with its action. Prof. King speaks very highly of it, and we refer the reader to his Dispensary. Price, per ounce, in vial, 48 cents.

Sanguinarin Nitrate. This is the *nitrate* of the alkaloid from bloodroot, is of a red color, and in very small proportion represents a considerable amount of root. It is in very great demand, as made by us, owing to the minute dose required. Price, per ounce, bottle included, \$1.50.

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Also several other preparations of this alkaloid. (See our physicians' prices current for January, 1880.)

Hydrastin Principles Combined. Under this name we have sold for many years a combination of the several proximate principles of *hydrastis Canadensis*, which has given most excellent satisfaction as an internal remedy wherever that drug is indicated. It will not dissolve perfectly in water, owing to the presence of the insoluble alkaloid (hydrastia) and resinous substances. The net price, per ounce, bottle included, is \$1.20.

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Our January, 1880, Price Current, contains the list of sixty or more concentrated powders, resins, alkaloids, etc., to which we refer the reader. We call particular attention to the fact that these preparations have been made by us since their introduction, and none in this country can produce them cheaper. We make them in very large quantities, supplying the most successful practitioners. We solicit physicians' orders direct for all the products of our laboratory. Address us as

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BROMIDIA is a scientific combination of Brom. Potas., Hyd.-Chloral, Hyoscyam, Cannabis-Indica and Aromatics. FORMULA.—Every *fluid drachm* contains 15 grs. *each* of *pure* Brom. Potas. and *purified* Hyd.-Chloral, and $\frac{1}{8}$ gr. *each* of *gen. imp. ext.* Hyoscyam. and Can. Ind. This preparation is *the* Hypnotic *par excellence*.

It produces dreamless, refreshing sleep, and is exceedingly valuable in all forms of Sleeplessness, Nervousness, Neuralgia, etc., and will generally relieve when Opiates aggravate or fail. It acts well in Epilepsy, Sick-headache, Convulsions and all forms of Colic. In the Restlessness, Delirium and Sleeplessness of continued fevers, *it is absolutely invaluable*. It gives satisfaction to both the Physician and his patient. Average dose, for adult, *one-half* to *one fluid drachm* in WATER or SYRUP every hour until sleep is produced.

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Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or moulding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto, Canada, Barley. The Extract is prepared by an improved process, which prevents injury to its properties or flavor by excess of heat. It represents the soluble constituents of Malt and Hops, viz: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER of HOPS, PHOSPHATES of LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO.:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water 25.7. Total, 99.958

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly,

SILAS H. DOUGLAS,

Professor of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing material.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in imperfect digestion of the starchy elements of food.

A single dose of the Improved Trommer's Extract of Malt, contains a larger quantity of the active properties of Malt, than a pint of the best ale or porter, and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily, it is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ lbs. of the Extract.

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" " " Hypophosphites.....	1 50
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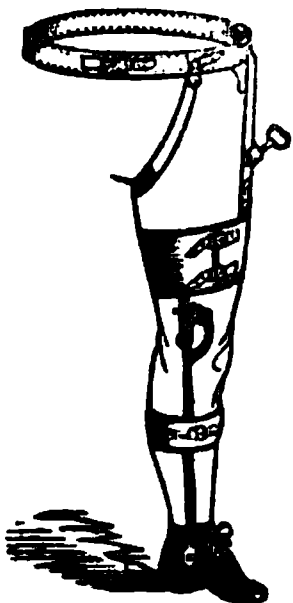
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